

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Waller

Inc. Town of

or

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3847~

Registration District No. 38Registered No. 182

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Katherine Wanda

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

Girl

4) Twin or Triplet

(5) Number in order of birth

3

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Dec 27, 1923

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

H. Martin

9) PRESENT POSTOFFICE OF FATHER

Waller, Anderson Co. S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(Year)

(12) BIRTHPLACE

Anderson, S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Hutto

(15) PRESENT POSTOFFICE OF MOTHER

Waller, Anderson Co. S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Year)

(18) BIRTHPLACE

Anderson

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at on the date above stated. (Born alive or stillborn) (Hour A. M. P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed

Jan 5, 1924

(28)

Local Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.