

County of San Diego

Township of G. H. H. H. H.

Inc. ^{or} ~~Trust~~ of *Atlantic*

INC. TOWN OF
or

City of

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

(2) Full Name of Child. Kathleen Ball Mather

File No.—For State Registrar Only
64650

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 23.06 Registered No. 59

(For use ~~in~~ Local Registrar)

St.; Ward)

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

(6) Are Parents Married? *u*

(7) DATE OF BIRTH June 23, 1966
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James H. Smith

(9) PRESENT POSTOFFICE

(10) COLOR OR 131 (11) AGE AT LAST BIRTHDAY 23

(12) BIRTHPLACE

(13) OCCUPATION 7

20) Number of children born to _____

CERTIFICATE OF ATTENDING

MOTHER.

(14) NAME BEFORE MARRIAGE *Estel Tull*

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR PAGE *Black* (17) AGE AT LAST BIRTHDAY *27*

(18) BIRTHPLACE _____ (years) _____

(19) OCCUPATION Student

(21) Number of children of this age: 3

PHYSICIAN OR MIDWIFE*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Alan at 6 on the date above stated.

(23) (Signature) *[Signature]* (Hour A. M. or P. M.)

(24) State whether Physician or Midwife ☒ Physician ☐ Midwife (25) Address of ☐ Physician ☐ Midwife

Given name added from a supplement-
tal report

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

(7) Filed July 10, 1914 (28) SRB Burby
Local 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.