

(1) PLACE OF BIRTH

County of AikenTownship of Wheeleror
Inc. Town ofor Graniteville S.C.

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6264

Registration District No. 204 Registered No. 21
(For use of Local Registrar)City of Graniteville S.C. (No. St.; Ward) 3)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Catherine Baylock { 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? Yes (7) DATE OF BIRTH Mar. 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Baylock(9) PRESENT POSTOFFICE OF FATHER Waynesboro Ga.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Aiken Co.(13) OCCUPATION Chauffeur(14) NAME BEFORE MARRIAGE Manie Enlow.(15) PRESENT POSTOFFICE OF MOTHER Graniteville S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Aiken Co.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth { 5(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. Enlow, M.D.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Graniteville S.C.

Given name added from a supplemental report

..... 181.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 181 22 W. H. T. Enlow, S. C. M. D. 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.

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