

(1) PLACE OF BIRTH

County of Calhoun
Township of Cawsonor
Inc. Town ofor
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 HealthFile No.—For State Registrar Only
41150Registration District No. 801 Registered No. 129
(For use of Local Registrar)(2) Full Name of Child Pearline Quattlebaum If child is not yet named, make supplemental report as directed(3) SEX OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 22 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Quattlebaum(9) PRESENT POSTOFFICE OF FATHER St. Mary's(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Quattlebaum(15) PRESENT POSTOFFICE OF MOTHER St. Mary's(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm hand(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane X Quattlebaum

(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 mark)

(27) Filed Jan 7 1923 (28) J. H. Thompson 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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MARGIN RESERVE—FOR FOLD BINDING. WRITER PLAINLY, WITH UNFADING INK—WHEN IN A SUBSTANTIAL RECORD, AND MARK THE CASE OF TWINS OR TRIPLETS, USE A SEPARATE HEADING FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC. IN QUESTION 3. MEDICAL COLUMBIA, COLUMBIA, S. C.