

(1) PLACE OF BIRTH

County of CTownship of Jor Inc. Town of Jor City of J

(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

42588

Registration District No. 22ARegistered No. 641

(For use of Local Registrar)

(2) Full Name of Child. Robert Alvin Cat

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

(3) BOY OR GIRL? Boy(4) Twin or triplet? C(5) Number in order of birth C

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH DEC. 29

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank F. Cat(9) PRESENT POSTOFFICE OF FATHER Grenville N.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Laurens. S.C.(13) OCCUPATION Student(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie Alcornbie(15) PRESENT POSTOFFICE OF MOTHER Grenville. N.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Spencer S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. J. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Grenville N.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Jan 2

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(28)

C. E. Smith

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.