

(1) PLACE OF BIRTH

County of Mauldin
Township of Brigbtville
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
12077

Registration District No. 3307 Registered No. 18
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Catherine Deltaw (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 July 25 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Deltaw

(9) PRESENT POSTOFFICE OF FATHER Gibson NC

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 24
(Year)

(12) BIRTHPLACE NC

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Dallie Knight

(15) PRESENT POSTOFFICE OF MOTHER Gibson NC

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23
(Year)

(18) BIRTHPLACE NC

(19) OCCUPATION Farm work

(20) 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 white at M.
on the date above stated. (Born live or stillborn? (How A. M. or P. M.)

(23) (Signature) Flora Jackson (24) State whether Physician or Midwife Physician

Given name added from a supplemental report
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19

(25) - Witness (Signature of 2 witnesses necessary only when question 23 is signed by mark)
(27) FILED 4/20 22 (28) Probst 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.

RECEIVED AT THE OFFICE OF THE STATE REGISTRAR, COLUMBIA, S. C., THIS 25th DAY OF JULY, 1922.

S. A. F. I. T. Y. A. F. M.