

(1) PLACE OF BIRTH

County of Maclure
 Township of Brigbtville
 or
 Inc. Town of
 or

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. 3307Registered 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 Dellars (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 Feb 25 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Samuel Dellars
 (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
 (20) Number of children born to mother, including present birth _____

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
 (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 _____ at _____ M., on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

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

Given name added from a supplemental report

(25) — Witness

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

(27) FILED

4/20 1922

(28)

Local Registrar

19 _____ 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.