

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36420

(1) PLACE OF BIRTH

County of EastonburgTownship of Campobello

Inc. Town of

City of

Registration District No. RoebRegistered No. 94
(For use of Local Registrar)

(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 Sitton

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 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Sitton

(9) PRESENT POSTOFFICE OF FATHER

Campobello SC #3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Ola Flemming

(15) PRESENT POSTOFFICE OF MOTHER

Campobello SC #3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3:58 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. G. Morrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianCampobello SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10-31

19

22

(28)

C. L. Mayberry

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.