CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 16380

(1) PLACE OF BIRTH

County of Pickens

Township of Hurricane
or
Inc. Town of .....
or
City of .....

Registration District No. 3763 Registered No. 61
(For use of Local Registrar)

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

(2) Full Name of Child Catherine Whitmire (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 5 15 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ves Whitmire

(9) PRESENT POSTOFFICE OF FATHER Liberty R 3

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE N. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 2 Living

MOTHER.

(14) NAME BEFORE MARRIAGE Adie Holden

(15) PRESENT POSTOFFICE OF MOTHER Liberty R 3

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Pickens Co S C

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 2 Living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(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)

..... 19 .... Registrar

(27) Filed June 9 1922 (28) John T. Boggs 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 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 OTHERS, No. 2, etc., in question 5.

McCaw of Columbia, Columbia, S. C.