

(1) PLACE OF BIRTH

County of

Township of

or

In: Twp.

or

City of

(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

21068

(2) Full Name of Child. *Frances Rose Katz*(3) ~~Sex~~
GIRL?(4) Twin
or triplet?(5) Number in
order of birth

To be answered only in case of twins or triplets

(6) Are
Parents
Married?(7) *230*
Registered No. *334*
(For use of Local Registrar)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, *born alive*, on the date above stated.(23) (Signature) *Opal Katz*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report*John A. B.* 1924*Janis Dancy* Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Date *July 11, 1925*(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.