

(1) PLACE OF BIRTH

County of York
 Township of Richland
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 22903 - For State Registrar Only

22903

Registration District No. 4401Registered No. 33
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Kate Anne

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age at Birth Married (6) DATE OF BIRTH Jan 26 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Ains
 (9) PRESENT POSTOFFICE OF FATHER Smith P.O. SC
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Mathews
 (15) PRESENT POSTOFFICE OF MOTHER Smith P.O. SC
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY (Year)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.
 (Born Alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Strand
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Smith P.O. SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 27 1923 (28) L. H. Love 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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