

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamson
 or
 Inc. Town of Peter St.
 or
 City of

CERTIFICATE OF BIRTH

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

No. 198
 198

Registration District No. 30 Registered No. 20
 (For use of Local Registrar)

(No. CATNEY St. 22 Ward 23)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) SEX OF CHILD <u>girl</u>	(4) Type or Weight <u>2 1/2 lbs</u>	(5) Number in order of birth <u>1</u>	(6) Sex of mother <u>female</u>	(7) Date of birth <u>Jan 22 1923</u>
(8) NAME OF FATHER <u>Theodore H. Catney</u>			(9) NAME OF MOTHER <u>Catie Seay</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Peter St.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Peter St.</u>	
(12) COLOR OF CHILD <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>4 1/2</u>	(14) COLOR OF MOTHER <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>38</u>	
(16) BIRTHPLACE <u>GA.</u>		(17) BIRTHPLACE <u>GA.</u>		
(18) OCCUPATION <u>Mechanic</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:00 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Work(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Peter St.

Given name added from a supplement-
 tal report

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

(27) Filed Feb 10 1923 (28) Local Registrar H. H. Work

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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