

5/3/24

# CERTIFICATE OF BIRTH

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

No. for State Registrar Only

42544

City of Dillon  
County of Hamberlyville

Registration District No. 1602 Registered No. 32  
(For use of Local Registrar)

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

Full Name of Child Quaise Cape If child is not yet named, make supplemental report as directed

Sex girl (1) Date of Birth July 29, 1924  
(2) Place of Birth Little Rock, SC  
(3) Color white (4) Age at Last Birthday 38 (5) Sex female (6) Race white (7) Age at Last Birthday 37

FATHER: (1) Name before marriage A. D. Cape (2) Present residence of mother Little Rock, SC (3) Color white (4) Age at Last Birthday 38 (5) Sex male (6) Race white (7) Age at Last Birthday 37 (8) Occupation merchant (9) Number of children born to mother, including present birth 8

MOTHER: (1) Name before marriage Lela Quick (2) Present residence of mother Little Rock, SC (3) Color white (4) Age at Last Birthday 37 (5) Sex female (6) Race white (7) Age at Last Birthday 37 (8) Occupation housewife (9) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) L. M. M. Cherry (23) Address of Physician or Midwife Physician Dillon

(24) State whether Physician or Midwife (25) Name and address of Registrar W. J. Hardy  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed April 1, 1924 (28) 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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Other Only

Star

Ward

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