

(1) PLACE OF BIRTH
Lancaster

County of

Township of Hills Creek...

or
Inc. Town of

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

1732

Registration District No. 2802 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child

(1) BOY OR GIRL? Boy (2) Twin or Triplet? (3) Number in order of birth -- (4) Are Parents Married? Yes (5) DATE OF BIRTH 7-1-22 (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME P. D. Burman Caithen

(2) PRESENT POSTOFFICE OF FATHER S. Lancaster, S.C.

(3) COLOR OR RACE white (4) AGE AT LAST BIRTHDAY 38 (Years)

(5) BIRTHPLACE South Carolina.

(6) OCCUPATION

(7) Number of children born to mother, including present birth Five

MOTHER.

(1) NAME BEFORE MARRIAGE Maggie Kehaffey

(2) PRESENT POSTOFFICE OF MOTHER S. Lancaster, S.C.

(3) COLOR OR RACE white (4) AGE AT LAST BIRTHDAY 32 (Years)

(5) BIRTHPLACE So. Carolina.

(6) OCCUPATION Housewife.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. P. Thompson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Lancaster, S.C.

Given name added from a supplemental report

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

(27) Filed 1/10/22 (28) J. P. Thompson 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.

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.