

(1) PLACE OF BIRTH

### CERTIFICATE OF BIRTH

County of Greenville  
 Township of Blount Springs  
 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.)

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

File No. — For State Registrar Only  
**79278**

Registration District No. H-55 Registered No. 90  
 (For use of Local Registrar)

(2) Full Name of Child

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

SEX Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

#### FATHER.

#### MOTHER.

(8) FULL NAME Comp. Katcher  
 (9) PRESENT POSTOFFICE OF FATHER Paulin 2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46  
 (Years)  
 (12) BIRTHPLACE D.C.  
 (13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Della mother  
 (15) PRESENT POSTOFFICE OF MOTHER Paulin 2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40  
 (Years)  
 (18) BIRTHPLACE D.C.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 12

(21) Number of children of this mother now living, including present birth 8

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Normal at 11:10 P.M. (Born alive or stillborn) (Hour or P.M.) on the date above stated.

(23) (Signature) D. W. Donath, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S.C.

When name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept. 12 1916 (28) J. L. White 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.

fifth month of pregnancy.

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