

(1) PLACE OF BIRTH

County of Augusta
 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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

79278

Registered No. 90
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1916
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Comp. Katcher(14) NAME BEFORE MARRIAGE Drilla mother(9) PRESENT POSTOFFICE OF FATHER Paulin 2(15) PRESENT POSTOFFICE OF MOTHER Paulin 2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE D.C.(18) BIRTHPLACE D.C.(13) OCCUPATION Farmer(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 12 M.,
 on the date above stated. (Born alive or stillborn) (Hour 11 or P. M.)

(23) (Signature) D. P. Smith M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Blount Springs

Given name added from a supplemental report

(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.

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