

(1) PLACE OF BIRTH

County of Audubon

Township of

or Inc. Town of

City of Audubon

(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

Registration District No. 312

No. for State Registrar Only

19747

Registered No. 231
(For use of Local Registrar)(2) Full Name of Child Miriam Catherine

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

(1) BOY OR GIRL <u>X</u>	(2) Type of Triplet To be answered only in event of Triplet or Triplet	(3) Number in order of birth	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>7-16-22</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME Geo. Brandon Cuthbert(7) PRESENT POSTOFFICE OF FATHER Audubon Co.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 23 (Year)(10) BIRTHPLACE Audubon Co. S.C.(11) OCCUPATION Wood work.(12) Number of children born to mother, including present birth 2

MOTHER.

(13) NAME BEFORE MARRIAGE Nellie Sul Scott(14) PRESENT POSTOFFICE OF MOTHER Audubon Co.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 20 (Year)(17) BIRTHPLACE Audubon Co. S.C.(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M., on the date above stated. (Born alive or stillborn) (Hour or P.M.)(21) (Signature) W. L. Thompson(22) State whether Physician or Midwife (23) Address of Physician or Midwife Audubon Co.

Given name added from a supplemental report

(24) Witness E. C. ANDERSON
(Signature of Witness, when question 23 is signed)(25) Filed 19 (26) ANDERSON

*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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