

## (1) PLACE OF BIRTH

County of AndersonTownship of GarconInc. 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

31666

Registration District No. 315 Registered No. 95

(For use of Local Registrar)

2) Full Name of Child Catharine Margaret J. [unclear]

(If child has not yet named, make supplemental report as directed)

(1) BOY OR GIRL? girl(4) Twin or Triplet? -

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH July 16 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. V. J. Furely(9) PRESENT POSTOFFICE OF FATHER Pandleton R1(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE Ill.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Ada Mackley(15) PRESENT POSTOFFICE OF MOTHER Pandleton R1(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE Ill.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Liberty St 42

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 23 1923 (28) W. L. H. [unclear]

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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