

(1) PLACE OF BIRTH

County of Auderson
Township of Warren
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

40904

Registration District No. 315 Registered No. 69
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Katherine Kay If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 7 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Booger Kay
(9) PRESENT POSTOFFICE OF FATHER Pendleton S.C. #1
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
(Year)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Marie Melton
(15) PRESENT POSTOFFICE OF MOTHER Pendleton S.C. #1
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
(Year)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs Liza McAlister
(24) State whether Midwife Physician or Midwife (25) Address of Physic or Midwife Pendleton S.C. #1

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12/10 22 (28) W. L. Casey 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.