

(1) PLACE OF BIRTH

County of ... *Lexington* ...Township of ... *11* ...Inc. Town of ...
orCity 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

33061

Registration District No. *3109* Registered No. *108*
(For use of Local Registrar)(2) Full Name of Child. *Catherine Elizabeth Longene*

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 *Feb 11 1928*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John R. Longene*(9) PRESENT POSTOFFICE OF FATHER *Lexington, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32* (Years)(12) BIRTHPLACE *Jacksonville Fla.*(13) OCCUPATION *Farming*(14) Number of children born to mother, including present birth *5*

MOTHER

(14) NAME BEFORE MARRIAGE *Orrie Spivey*(15) PRESENT POSTOFFICE OF MOTHER *Lexington, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37* (Years)(18) BIRTHPLACE *Lexington County*(19) OCCUPATION *Domestic*(20) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *alive*, at *7 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *H. H. H. H.* (23) State Physician or Midwife (24) Address of Physician or Midwife *Lexington, S.C.*

Name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed *Nov 9 1928* (27) *W. C. E. Taylor* Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.