

(1) PLACE OF BIRTH.

County of Darlington

Township of

or
Inc. Town of Hartsvilleor
City of(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

Anton E. Saluby

File No.—For State Registrar Only

18302

Registration District No. 15 BRegistered No. 64
(For use of Local Registrar)3. BOY OR
GIRL? Boy(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH June 3 19 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAMEEli Saluby9. PRESENT
POSTOFFICE
OF FATHERHartsville S.C.10. COLOR
OR
RACEW(11) AGE AT LAST
BIRTHDAY 30
(Years)

12. BIRTHPLACE

Syria

13. OCCUPATION

Merchant20. Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEBessie M. Stokes(15) PRESENT
POSTOFFICE
OF MOTHERHartsville S.C.(16) COLOR
OR
RACEW(17) AGE AT LAST
BIRTHDAY 22
(Years)

(18) BIRTHPLACE

Darlington S.C.

(19) OCCUPATION

W.D.(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 8:20 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

HartsvilleS.C.Given name added from a supplement
report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 10 19 22 (28) J. M. G. Jones
Registrar 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.*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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No 1 THE OTHER, No 2, etc., in question 5

MISSISSIPPI, COLUMBIA, M. C.