

CERTIFICATE OF BIRTH

County of Dorchester
 Township of Dorchester
 OR
 Town of
 OR
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. - For State Registrar Only
42172

Registration District No. 1702 Registered No. 63
 (For use of Local Registrar)
 SL: Ward)

(2) Full Name of Child. Jane Salter

(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 25, 1922
 (If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME Jerry Salter
 (9) PRESENT POSTOFFICE OF FATHER Trille, SUMMERVILLE, S.C.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Dorchester Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Ladsen
 (15) PRESENT POSTOFFICE OF MOTHER Summerville
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Dorchester Co
 (19) OCCUPATION Farm - Hand
 (21) 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 Aline at — M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Meyers
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report
 191...
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by doctor)

(27) Filed Jan 6, 1923 (28) 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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