

## (1) PLACE OF BIRTH

County of SaludaTownship of # 3

or

Inc. Town of .....

or

City of .....

(No. .... St.; .... Ward)  
(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

27822

Registration District No. 3562 Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Cornelius Wilbur Herbert If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 19 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clara Herbert(9) PRESENT POSTOFFICE OF FATHER Silver Street(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Shadie Washington(15) PRESENT POSTOFFICE OF MOTHER Silver Street S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 40  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12: P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Thiel(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Silver Street S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 15-22 1922 (28) J. Oscar Larkman 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.