

## (1) PLACE OF BIRTH

County of Saluda S.C.Township of #4

or

Inc. Town of Saluda

or

City of (No.)

(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

66119

Registration District No. 9903Registered No. 24

(For use of Local Registrar)

## (2) Full Name of Child

(3) ~~Boy or Girl?~~ (4) ~~Is child?~~ (5) Number in order of birth 5 (6) Are Parents Married Yes (7) DATE OF BIRTH June 23 1966  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Louis J. J. J.</u>	(14) NAME BEFORE MARRIAGE <u>Minnie W. J. J.</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Saluda S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Saluda S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE <u>Saluda S.C.</u>	(18) BIRTHPLACE <u>Saluda S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to father including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. C. P. J. J. (24) State where Physician or Midwife Physician (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 23 1966 (28) J. B. Crutch Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—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.

McCaw, of Columbia.