

(1) PLACE OF BIRTH

County of RichmondTownship of Hamptonor
Inc. Town of Hamptonor
City of Hampton

(If birth occurs in a hospital or other institution, give name of same; instead of street and number.)

(2) Full Name of Child Virginia Emma Sallers

File No.—For State Registrar Only

19247

Registration District No. 298 Registered No. 56

(For use of Local Registrar)

(No. 48 Centennial St.; 5 Ward)

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 1st 6. Are Parents Married? yes 7. DATE OF BIRTH June 28 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Gary Sallers9. PRESENT POSTOFFICE OF FATHER Hampton, SC10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)12. BIRTHPLACE Hampton, SC13. OCCUPATION Merchant20. Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Sallers(15) PRESENT POSTOFFICE OF MOTHER Hampton, SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Sallers, S.C.(19) OCCUPATION Housewife - formerly Teacher(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:04 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. W. D. Sallers(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Hampton, SC

Given name added from a supplemental report

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

(27) Filed July 3 1922 (28) J. L. H. Bailey 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.

Registrar J. L. H. Bailey

Local Registrar

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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.

MADE BY COLUMBIA, COLUMBIA, S. C.