

(1) PLACE OF BIRTH

County of Saluda
 Township of 5
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
32059

Registration District No. 3404

Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Deane Satterwhite

If child is not yet named, make supplemental report as directed

BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 23, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isiah Satterwhite
 (9) PRESENT POSTOFFICE OF FATHER Chappells
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Ashford
 (15) PRESENT POSTOFFICE OF MOTHER Chappells
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (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 born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hana Satterwhite
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Chappells SC

Given name added from a supplemental report

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

(27) Filed Oct 4, 1922 (28) D. J. Jeter 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.

MADE IN THE UNITED STATES OF AMERICA

RECEIVED BY COLUMBIA, S. C.