

Form No. 1

(1) PLACE OF BIRTH

County of Laurie CoTownship of Hamletor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

43297

Registration District No. 2902 Registered No. 126
(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 Carl Sales If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 6 22
(Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME Leo Sales (14) NAME BEFORE MARRIAGE Edna Carter(9) PRESENT POSTOFFICE OF FATHER Newmarket (15) PRESENT POSTOFFICE OF MOTHER Newmarket(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
(Years) (Years)(12) BIRTHPLACE Laurie Co (18) BIRTHPLACE Laurie Co(13) OCCUPATION Farmer (19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Fuller (24) State South Carolina (25) Address of Physician or Midwife Newmarket

Given name added from a supplemental report

(26) Witness W. H. Fuller
Signature of Witness necessary only when question 23 is signed by mark(27) Date Dec 9 22 (28) W. H. Fuller
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.