

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10025

Registration District No. .... Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL girl 4. Twins or Triplets ..... (5) Number in order of birth 2 (6) Are Parents Married? W (7) DATE OF BIRTH Jan 25 23  
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Jim Jernigan  
9. PRESENT POSTOFFICE OF FATHER Wart  
10. COLOR OR RACE Wht. (11) AGE AT LAST BIRTHDAY 23  
(Years)  
12. BIRTHPLACE Saluda  
13. OCCUPATION Farming  
20. Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mable Rodgers  
(15) PRESENT POSTOFFICE OF MOTHER Wart  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Years)  
(18) BIRTHPLACE Saluda  
(19) OCCUPATION House girl  
(21) Number of children of this mother now living, including present birth 1 (decd)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10:07 M.,  
on the date above stated. (born alive or stillborn Hour M. or P. M.)

(23) (Signature) F. S. Kuster

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Leicester

Given name added from a supplemental report

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

(27) Filed 19... (28) 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.

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