

(1) PLACE OF BIRTH

County of Saluda

Township of

or Inc. Town of Wartor 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)

(No. St.; Ward)

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

(2) Full Name of Child

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

3. BOY OR
GIRL girl4. Twin
or Triplet5. Number in
order of birth 26. Are
Parents
Married? 207. DATE OF
BIRTH Jan 25 23
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAME Jim Jernigan9. PRESENT
POSTOFFICE
OF FATHER Wart10. COLOR
OR
RACE Wld.11. AGE AT LAST
BIRTHDAY 23
(Years)12. BIRTHPLACE Saluda13. OCCUPATION Farming20. Number of children born to
mother, including present birth 2

MOTHER.

14. NAME BEFORE
MARRIAGE Mable Rodgers15. PRESENT
POSTOFFICE
OF MOTHER Wart16. COLOR
OR
RACE White17. AGE AT LAST
BIRTHDAY 23
(Years)18. BIRTHPLACE Saluda19. OCCUPATION House girl21. Number of children of this mother
now living, including present birth 1 (dead)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:07 M.,
on the date above stated. (Hour of birth or stillborn Hour M. or P. M.)(23) (Signature) L. S. Kuster(24) State whether Physician or Midwife Physician(25) Address of Physi- or Midwife LeicesterGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)19
Registrar

(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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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