

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Spartan  
 or  
 Inc. Town of .....

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

File No. — For State Registrar Only

13681

Registration District No. 315Registered No. 23  
(For use of Local Registrar)

City of ..... (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 Willie Salloway If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married? Yes (7) DATE OF BIRTH May 1, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Fred Salloway  
 (9) PRESENT POSTOFFICE OF FATHER Pendleton S.C. #1  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Flora Salloway  
 (15) PRESENT POSTOFFICE OF MOTHER Pendleton S.C. #1  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:10 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Alise Campbell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pendleton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/10 19 22(28) W. L. Casey 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.