

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Concord  
 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

14361

Registration District No. 1302... Registered No. 42...  
 (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 Sallie Edward { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH May 25, 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 8) FULL NAME Wes Edward  
 9) PRESENT POSTOFFICE OF FATHER Summerton Sc  
 10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 40 (Years)  
 12) BIRTHPLACE Clarendon Co  
 13) OCCUPATION Farmer  
 20) Number of children born to mother, including present birth 4

MOTHER.  
 14) NAME BEFORE MARRIAGE Sallie Edward  
 15) PRESENT POSTOFFICE OF MOTHER Summerton Sc  
 16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 35 (Years)  
 18) BIRTHPLACE Clarendon Co  
 19) OCCUPATION Home Child  
 21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Emma Gallachott  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 21, 1922 (28) H. E. Pickens 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.

RECORD OF BIRTHS, DEATHS, AND MARRIAGES FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.