

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of AikenTownship of Gibbsburg Swamp

Inc. Town of

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 Marie Sally

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 27, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Oscar Salley(9) PRESENT POSTOFFICE OF FATHER Samarina(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 49
(Year)(12) BIRTHPLACE Aiken Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 10 2

MOTHER

(14) NAME BEFORE MARRIAGE Estelle Davis(15) PRESENT POSTOFFICE OF MOTHER Seivern(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
(Year)(18) BIRTHPLACE Aiken Co(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a.m.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Emerline Nelson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Seivern S.C.

Given name added from a supplemental report

(26) Witness George C. Hunter
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 18 22 (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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2854

Registration District No. 202 Registered No. 10
(For use of Local Registrar)