

## (1) PLACE OF BIRTH

County of Winston-SalemTownship of H. 3Inc. Town of Winston-SalemCity of Winston-Salem

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2421

Registration District No. 8, S. A. L. Registered No. 110

(For use of Local Registrar)

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

## (2) Full Name of Child

Not named

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

3. BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 6 19 22  
 To be answered only in event of Twins or Triplets (Sign of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Samuel Hilson(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Saluda S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth: 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Stacie Bleasdon(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Saluda S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth: 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... born alive... st. G. P. M. on the date above stated. (Born alive or stillborn) (Boer A. M. or P. M.)(23) (Signature) Mary Moss(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report:

(26) Witness Mary Moss

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

(27) Filed Jan 14 19 22(28) Alfred Johnson

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.

MAILED HEREIN FOR BIRTHING. WHITE PLAIN. IN-PLACING IN A PRESIDENT'S RECORD. N. B.—In case of TWINNING, No. 1. TWIN (TWIN), No. 2, etc. in question 3.