

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, etc. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH
County of Orangeburg
Township of North
Inc. Town of
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. 29641—for State Registrar Only
Registration District No. 36 Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child Isma S. Salley If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 19 1928</u> (Name) (Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>John H. Salley</u>				(14) NAME BEFORE MARRIAGE <u>Ruthie Hendrix</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Salley</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Salley</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(16) COLOR OR RACE <u>Colored</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Public Work</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P.M. on the date above stated.
(Born wholly stillborn) (Hour A. M. or P. M.)

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

Ella F. Salley
Mid Wife
Springfield

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 22 1928 (28) S. M. Lammant
Registrar

Given name added from a supplemental report

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 stillborns before the fifth month of pregnancy.