

PLACE OF BIRTH

County of Logan
 Township of Lake
 or
 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

28313

Registration District No. 8009Registered No. 105
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. M. Ward)

2) Full Name of Child Kenneth P. Sauls If child is not yet named, make supplemental report as directed

BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(3) Number in order of birth

3

(5) Are Parents Married

yes

(7) DATE OF BIRTH

July 24, 1923
(Name of Month) (Day) (Year)

FATHER.

FULL NAME

L. O. Sauls

PRESENT POSTOFFICE OF FATHER

Lake City, S. C.

COLOR OR RACE BIRTHPLACE

White

(11) AGE AT LAST BIRTHDAY

25
(Years)

OCCUPATION

Farmer

Number of children born to mother, including present birth

3

(14) NAME BEFORE MARRIAGE

Mary E. Miles

(15) PRESENT POSTOFFICE OF MOTHER

Lake City, S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Cades, S. C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was at 12 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Lake City, 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

19

(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.

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