

Form No. 1

(1) PLACE OF BIRTH

County of Saluda .....

Township of .....  
or

Inc. Town of .....  
or

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

(2) Full Name of Child M. Name

(3) BOY OR  
GIRL Boy

(4) Twin  
or Triplet

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth

(6) Are  
Parents  
Married Yes

(7) DATE OF  
BIRTH Feb. 18, 1923  
(Name of Month) (Day) (Year)

(8) FULL  
NAME Henry Branch

(9) PRESENT  
POSTOFFICE  
OF FATHER Saluda

(10) COLOR  
OR  
RACE Black

(11) BIRTHPLACE Saluda

(12) OCCUPATION Farming

(20) Number of children born to  
mother, including present birth 1 5

(10) NAME BEFORE  
MARRIAGE Eva Hill

(11) PRESENT  
POSTOFFICE  
OF MOTHER Saluda

(12) COLOR  
OR  
RACE Black

(13) BIRTHPLACE Saluda

(14) OCCUPATION House Wife

(21) Number of children of this mother  
now living, including present birth 1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was A. L. S. at M.  
on the date above stated.

(23) (Signature)  
(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Saluda

Given name added from a supplement-  
tal report

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

19 .....  
Registrar

(27) Filed Mar. 9, 1923. (28) Local Registration

\*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.