

(1) PLACE OF BIRTH

County of OrangeburgTownship of Cityor
Inc. Town ofor
City of Orangeburg

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

(2) Full Name of Child Austin Bull Salley Jr.

File No.—For State Registrar Only

43935

Registration District No. 35-a Registered No. 189
(For use of Local Registrar)

(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

Dec. 15, 1922

(Name of Month) (Day) (Year)

(8) FULL NAME

Austin Bull Salley

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Orangeburg, S.C.

(13) OCCUPATION

Auto. Filling Station

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Newell Vance Hodges

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Orangeburg Co.

(19) OCCUPATION

Housewife

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:50 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Vance W. Brathorn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

City of 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 12-29 1922(28) 12-29 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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