

Form No. 1

(1) PLACE OF BIRTH

County of MarylandTownship of Ant. Neck

or

Inc. Town of

or

City of Gresham

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3208

File No.—For State Registrar Only

39363Registered No. 62
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Amanda Salmon { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 8th 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Samuel Salmon(9) PRESENT POSTOFFICE OF FATHER Gresham(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Gresham(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Iona Harris(15) PRESENT POSTOFFICE OF MOTHER Gresham(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Gresham(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Iona Harris(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mark Gresham

Given name added from a supplemental report

(26) Witness I. O. Williams
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 4, 1922 (28) W. J. Dixie 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.

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.