

Form No. 1

(1) PLACE OF BIRTH

County of SaludaTownship of #4

OF

Inc. Town of

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

File No.—for State Registrar Only

19040

Registration District No. 3903 Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child Louisa Helen Cary If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 2, 1903</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Johnnie Cary(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE Saluda Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Samie Gaines(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 29
(Year)(18) BIRTHPLACE Saluda Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 3 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P.M.)(23) (Signature) Anna Wells
(24) State whether Physician or Midwife (25) Saluda S.C.

Given name added from a supplemental report

(26) Witness Mrs. Marie Grant
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 9, 1903 (28) Marie Grant
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.