

(1) PLACE OF BIRTH

County of

Township of

OR

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

284

Registration District No. 1167

Registered No. 3

(For use of Local Registrar)

(No.)

St.

Ward

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Joseph Sallee

(9) PRESENT POSTOFFICE OF FATHER

Branchville S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Branchville S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Carrie White

(15) PRESENT POSTOFFICE OF MOTHER

Branchville

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Branchville S.C.

(19) OCCUPATION

Domestic

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

7

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated. (If a male or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Carrie White Branchville

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

28

(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.