

Form No 1.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

47044

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Elizabethor  
Inc. Town of .....or  
City of .....

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

Registration District No. 3604 Registered No. 5

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>Take account only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 15 1914</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME E. A. Sallay(9) PRESENT POSTOFFICE OF FATHER North S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE Sallay S.C.(13) OCCUPATION Cotton Seed buyer & Ins. Agent(20) Number of children born to mother, including present birth { Three }

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Annalar(15) PRESENT POSTOFFICE OF MOTHER North S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Orangeburg S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 7:10 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) M. J. Davis(24) State whether Physician or Midwife (25) Address of Physician or Midwife North S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed 15 Jan 1914 (28) F. P. Wolfe 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.