(1) PLACE OF BIRTH

County of Lexington

Township of Saluda

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 3111 ..... Registered No. 11 .....
(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.)

File No.—For State Registrar Only
7733

(2) Full Name of Child Troy Long ..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar 25, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Long

(9) PRESENT POSTOFFICE OF FATHER Chapin

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Luber

(15) PRESENT POSTOFFICE OF MOTHER Chapin

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Home wife

(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 Born Alive (Born alive or stillborn) at 4 P.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Sarah Eubanks

(24) State whether Physician or Midwife Mid.

(25) Address of Physician or Midwife Chapin

Given name added from a supplemental report
.....
..... 19 .....
Registrar

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

(27) Filed Apr 5 1923 (28) J. W. Evans
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.

Bureau of Columbia, Columbia, S. C.
PRINTSOBER, No. 1. THE OTHERS, No. 2, etc., in question 8.