

Form No. 1

(1) PLACE OF BIRTH

County of Saluda S.C.

Township of

or
Inc. Town 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

36333

Registration District No. 3902 Registered No. 8
(For use of Local Registrar)

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

(3) BOY OR GIRL?

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

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 2, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ketter Valentine

(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 24
(Year)

(12) BIRTHPLACE Saluda S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Lee Coleman

(15) PRESENT POSTOFFICE OF MOTHER Saluda

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 28
(Year)

(18) BIRTHPLACE Saluda S.C.

(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 G.P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Janie Dossert

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 9, 1922 (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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.