

(1) PLACE OF BIRTH

County of SaludaTownship of #4or
Inc. Town of Saludaor
City of Saluda

(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

66116

Registration District No. 3rd Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Earl Royce If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 12, 1935</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Linas Royce</u>	(14) NAME BEFORE MARRIAGE <u>Lizabeth Peterson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Johnston S.C. 45</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Johnston S.C. 45</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Saluda Co.</u>	(18) BIRTHPLACE <u>Saluda Co.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (How A. M. or P. M.)(23) (Signature) Robert L. Peterson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Johnston S.C.

Given name added from a supplemental report

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Registrar

(26) Witness Linas Royce
(Signature of Witness necessary only when question 22 is signed by mother)(27) Filed June 12, 1935 (28) Blanch
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.

VITAL PLAIN, 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.

McCaw, of Columbia.