

(1) PLACE OF BIRTH

County of Saluda

Township of

or
Inc. Town ofor
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

No. 10.—For State Registrar Only

5153

Registration District No. 3902 Registered No. 2
(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 Boy(4) Title
or rank one
To be entered only in event of Twins or Triplets(5) Number in
order of birth(6) Are
Parents
Married Yes(7) DATE OF
BIRTH Feb 17 1929
(Month of Month) (Day) (Year)

FATHER

(8) FULL
NAME Don't know(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth1 two

MOTHER

(14) NAME BEFORE
MARRIAGE Belle Williams(15) PRESENT
POSTOFFICE
OF MOTHER Saluda S.C.(16) COLOR
OR
RACE Blk(17) AGE AT LAST
BIRTHDAY20
(Years)

(18) BIRTHPLACE

Saluda S.C.

(19) OCCUPATION

Housewife(20) Number of children of this mother
now living, including present birth1 two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 9 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mary Culbreth

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
tal report(25) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed Mar 9 1929 (27) Mary Culbreth
Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make the report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns
before the fifth month of pregnancy.MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY. WITH EXPANDING 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 4.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.