

(1) PLACE OF BIRTH

County of Saluda
 Township of # 4
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
44754

Registration District No. 390 Registered No. 907
 (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.)

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

(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 14 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Richard Stolchen
 (9) PRESENT POSTOFFICE OF FATHER Innietta
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Year)
 (12) BIRTHPLACE Saluda Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pyles
 (15) PRESENT POSTOFFICE OF MOTHER Innietta
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE Ocala Fla
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a M., on the date above stated. (Born alive or stillborn? (How A. M. or P. M.)

(23) (Signature) L. Mitchell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Salisbury

Given name added from a supplemental report

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

(27) Filed June 15 1924 (28) Mrs. Sophie Brown 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.

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 8.