

(1) PLACE OF BIRTH

County of

Saluda Co

Township of

No 5

or

Inc. Town of

or

City of

(No. of 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

50360

Registration District No. 3904

Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child

Willie Jane

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

Jan 25 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie Jane

(9) PRESENT POSTOFFICE OF FATHER

Chappells SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Lumber Laborer

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

2

(14) NAME BEFORE MARRIAGE

MOTHER.

Lilla Boyd

(15) PRESENT POSTOFFICE OF MOTHER

Chappells S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

(Years)

2 weeks

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Lumberman

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lamar Lumber

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191.....

Registrar

(26) Witness

W. G. Lowery

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

(27) Filed

191.....

(28)

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.