CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18876

(1) PLACE OF BIRTH
County of Greenville
Township of Grove
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2210. Registered No. 1
(For use of Local Registrar)

(2) Full Name of Child Sarah Waldrup [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL Girl | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? YES | (7) DATE OF BIRTH May 23 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leland Waldrup
(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C. R3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Emmy Thackston
(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C. R3
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. F. Stodgaca
(24) State whether Physician or Midwife Physician | (25) Address of Physician or Midwife Pelzer S.C.

Given name added from a supplemental report

....., 19....
Registrar

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

(27) Filed June 15 1922 (28) J. T. Slater 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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

WRITE PLAINLY, 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.