

(1) PLACE OF BIRTH

County of Saluda
 Township of St.
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
3376

Registration District No. 3900B Registered No. 13
 (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

If child is not yet named, make supplemental report as directed

3 BOY OR
GIRL

4 Twin
or Triplet

(5) Number in
order of birth

(6) Are
Parents
Married?

(7) DATE OF

BIRTH Oct 7, 22
 (Name of Month) (Day) (Year)

FATHER.

8 FULL
NAME

Tillman B. Pon

9 PRESENT
POSTOFFICE
OF FATHER

Saluda R.F.D. #4

10 COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

34
 (Years)

12 BIRTHPLACE

Edgefield County

13 OCCUPATION

Farming

20 Number of children born to
mother, including present birth

13

MOTHER.

(14) NAME BEFORE
MARRIAGE

Connie Ridgell

(15) PRESENT
POSTOFFICE
OF MOTHER

Saluda R.F.D. #4

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

29
 (Years)

(18) BIRTHPLACE

Saluda County

(19) OCCUPATION

Housewife

(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 at M.,
 on the date above stated. (Born alive (Hour or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

J. H. Watson M.D.
Saluda, S.C.

Given name added from a supplement
 al report

(25) Witness

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

(26) Filed

19

(27)

R. C. Caughman
 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.

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