

(1) PLACE OF BIRTH

County of COLUMBIA

Township of .....

Inc. Town of .....

City of Charleston, S.C.

(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

File No.—For State Registrar Only

76007

Registration District No. 9A Registered No. 995

(For use of Local Registrar)

(2) Full Name of Child Sarah Aletrice Saltors { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 17 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Thomas Saltors(9) PRESENT POSTOFFICE OF FATHER 121 Calhoun St(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth { 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Derez.(15) PRESENT POSTOFFICE OF MOTHER 121 Calhoun St(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION House maid(21) Number of children of this mother now living, including present birth { 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Scott(24) State whether Physician or Midwife (25) Address of Physician or Midwife 64 Calhoun St

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 9/27 1916 (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.