

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Bates

or

Inc. Town of

or

City of

(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

21160

Registration District No. 22A1 Registered No. 40

(For use of Local Registrar)

2) Full Name of Child Salma Sue Grier 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 July 30, 1928

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Esley E. Edwards

(9) PRESENT POSTOFFICE OF FATHER

Travellers Rest

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE

Greenville

(13) OCCUPATION

Farmer

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie A. Pool

(15) PRESENT POSTOFFICE OF MOTHER

Travellers Rest

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE

Greenville

(19) OCCUPATION

Housewife

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Travellers Rest

Given name added from a supplemental report

101

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) File No.

21160

(28)

Dr. J. H. Smith

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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