

(1) PLACE OF BIRTH

County of Berkely
 Township of S. Stephens
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16869

Registration District No. 246 Registered No. 34
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Salome Lee Hood If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 22, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Lonic Hood
 (9) PRESENT POSTOFFICE OF FATHER Bornland C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Berkely Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Bessie Hood
 (15) PRESENT POSTOFFICE OF MOTHER Bornland C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE Berkely Co.
 (19) OCCUPATION Housewife
 (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 White at 5:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. M. M. M. M.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bornland C.

(Given name added from a supplemental report)

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

(27) Filed June 23, 23 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householders, etc., should make this report. 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.