

(1) PLACE OF BIRTH

County of Saluda S.C.
 Town of Saluda
 or
 Inc. Town of Saluda
 or
 City of Saluda

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

91678

Registration District No. 3903Registered No. 60
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child

Mary Motley

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

Twins

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 19, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Richard Motley

(9) PRESENT POSTOFFICE OF FATHER

Saluda S.C.

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

Saluda S.C.

(13) OCCUPATION

Brick Mason

MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Davis

(15) PRESENT POSTOFFICE OF MOTHER

Saluda S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Saluda S.C.

(19) OCCUPATION

Housewife

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

2

(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 5 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Kannah M. Ottaway

(24) State whether, Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

John H. Jennings

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

(27) Filed

Dec 28, 1916

(28)

J. B. Crouch

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.

MARGIN RESERVED FOR BINDING.
 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.