

(1) PLACE OF BIRTH

County of Saluda SC

Township of

or
Inc. Town ofor
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

5154

Registration District No. 320.3Registered No. 45
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR
GIRL Boy(4) Twin
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in
order of birthone(6) Are
Parents
Married?Yes(7) DATE OF
BIRTHFeb 24 1928
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEOpow Corley(9) PRESENT
POSTOFFICE
OF FATHERSaluda SC(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY38
(Years)

(12) BIRTHPLACE

Saluda Co

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGEAnnio Corley(15) PRESENT
POSTOFFICE
OF MOTHERSaluda SC(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY23
(Years)

(18) BIRTHPLACE

Saluda Co

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birthtwo

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Mary C. C. C.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Saluda SC(Given name added from a supplement-
tal report)(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Mar 9 1928 (28) Mary C. C.
Local RegistrarWhen there was no attending physician or midwife, then the father, householder, 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.

MARGIN RESERVED FOR ENDING.

WRITE PLAINLY. WITH EXPANDING INSTRUMENTS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.