

Form No. 1

(1) PLACE OF BIRTH

County of Saluda

Township of

OF

Inc. Town of

OF

City of

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

(2) Full Name of Child

James A. DeLoach

File No.—For State Registrar Only
30030

Registration District No. 3903 Registered No. 57
(For use of Local Registrar)

3. BOY OR GIRL

(4) Twin or Triplet?

5. Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept 12, 22
(Name) (Month) (Day) (Year)

FATHER.

8. FULL NAME

J. Allison McLoach

9. PRESENT POSTOFFICE OF FATHER

Saluda R.F.D. #6

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45
(Years)

(12) BIRTHPLACE

Edgelyd County

(13) OCCUPATION

Farming

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Gregory

(15) PRESENT POSTOFFICE OF MOTHER

Saluda R.F.D. #6

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Edgelyd County

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 1030 P.M.
on the date above stated. (Born alive) (Stillborn) Hour & Minute P. M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Saluda R.F.D. #6

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 9, 1923

(28) Marie Grant
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.