

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		19903	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>184</u>		Registered No. <u>73</u>	
or				(For use of Local Registrar)	
City of <u>Columbia</u>		(No. <u>1405 Senate</u> St.; ..... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Ellen Louise Salley</u>				{ If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 15 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Haskell Salley</u>			(14) NAME BEFORE MARRIAGE <u>Bonetta Salley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Orangeburg SC.</u>			(18) BIRTHPLACE <u>Bamberg Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Howard DeBore Jr.</u>		(25) Address of Physician or Midwife			
(24) State whether Physician or Midwife					
Given name added from a supplemental report		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mother)			
..... 19 .....		(27) Filled <u>June 7</u> 19 .....			
Registrar		(28) <u>W. H. H. H.</u> 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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