

Form No. 1.

(1) PLACE OF BIRTH

County of SaludaTownship of # 4Inc. or
Town of

City of

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

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

State Board of Health

Registration District No. 3903 Registered No. 2File No. — For State Registration
50358(2) Full Name of Child Thompson Zebulon DeLoach

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

(1) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(2) Number in order of birth	(3) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>May 25</u>
In hospital only in case of twins or triplets				(Name of Month) (Day) (Year)

(6) FULL NAME OF FATHER <u>J. N. DeLoach</u>		(14) NAME BEFORE MARRIAGE <u>Mary Lester</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Saluda S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Saluda S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>Saluda County</u>		(18) BIRTHPLACE <u>Saluda County</u>	
(13) OCCUPATION <u>Farming & Mercantile Saluda Co.</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on May 25, 1916, on the date above stated.

(23) (Signature) J. N. DeLoach

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

....., 1916

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by parent)

(27) Filed May 25 1916 (28) J. N. DeLoach
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 2.
McGraw, of Columbia.