

(1) PLACE OF BIRTH

County of Saluda
 Township 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 Stat. Registrar Only
30810

Registration District No. 2700 Registered No. 51
 (For use of Local Registrar)
 (No. Se; Ward Se)

(2) Full Name of Child Willie Belle

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 11, 1911
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Belle
 (9) PRESENT POSTOFFICE OF FATHER Saluda
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE North Carolina
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Mrs. Willie Belle
 (15) PRESENT POSTOFFICE OF MOTHER Saluda
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE North Carolina
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 13 (21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Willie Belle (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda

Given name added from a supplemental report

(26) Witness Willie Belle (Signature of witness necessary only when question 23 is signed by mark)

When there was no attending physician or midwife, then the father, headholder, etc., should make this return. If a child breathes even once, it must be reported as born. No report is desired of stillborns.

NOTE - In case of TWIN or TRIPLET, use a SEPARATE BLANK FOR EACH CHILD, and make the PRINTED, No. 1, this Office, No. 2, etc., in question 5.