

(1) PLACE OF BIRTH

County of *Spokane*
Township of *Spokane*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

79321

or
City of *Clyton S.C.* Registration District No. *4008* Registered No. *652*
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.: _____ Ward: _____

(2) Full Name of Child

Baby (See name)

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

(3) SEX

B

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parent Married?

Yes

(7) DATE OF BIRTH

Aug 1

(Name of Month) (Day) (Year)

(8) FULL NAME

H. Grady Sattlemeyer

(9) PRESENT POSTOFFICE OF FATHER

Clyton S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Book Keeper

(14) NAME BEFORE MARRIAGE

Lila Bess Goforth

(15) PRESENT POSTOFFICE OF MOTHER

Clyton S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

H.W.

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Arthur E. Cameron*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician *Cameron S.C.*

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

W. F. Parker

(27) Full Name of Registrar

W. F. Parker

(28) Local Registrar

W. F. Parker

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.