

MEASUREMENTS OF CHILDREN 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

County of Christiansburg
 Township of Star Ben
 or
 Inc. Town of.....
 or
 City of

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

File No.—For State Registrar Only
18204

Registration District No. 15 Registered No. 15
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.: Ward)

(2) Full Name of Child Hester [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? No (7) DATE OF BIRTH June 15, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Salchins Ray
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY.....
 (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth {

MOTHER.
 (14) NAME BEFORE MARRIAGE Hester Dudley
 (15) PRESENT POSTOFFICE OF MOTHER Patrick S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY.....
 (Years)
 (18) BIRTHPLACE Societyville
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Charlotte Smootson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed (28) 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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