

(1) PLACE OF BIRTH

County of Dillon

Township of

OR
Inc. Town of DillonOR
City of

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

File No. — For State Registrar Only
3628Registration District No. 16-A Registered No. 13
(For use of Local Registrar)(No. 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 Harry Saluby

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

3. BOY OR GIRL Boy4. Twin or Triplet? ☒5. Number in order of birth 46. Are Parents Married? Yes

7. DATE OF BIRTH

Feb. 19, 1923
(Name of Month) (Day) (Year)**FATHER.**

8. FULL NAME

Michael A. Saluby

9. PRESENT POSTOFFICE OF FATHER

Dillon, S.C.

10. COLOR OR RACE

White11. AGE AT LAST BIRTHDAY 29
(Years)

12. BIRTHPLACE

W. Lebanon, Syria

13. OCCUPATION

Physician

14. Number of children born to mother, including present birth

4**MOTHER.**

14. NAME BEFORE MARRIAGE

Mary K. Linnell

15. PRESENT POSTOFFICE OF MOTHER

Dillon, S.C.

16. COLOR OR RACE

White17. AGE AT LAST BIRTHDAY 30
(Years)

18. BIRTHPLACE

Beirut, Syria

19. OCCUPATION

Domestic

20. Number of children of this mother now living, including present birth

4**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated. (Born alive or stillborn, Hour, M. or P. M.)(23) (Signature) M. A. Saluby, M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Dillon, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 20, 1923B. H. Williams
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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