

(1) PLACE OF BIRTH

County of Saluda  
Township of No 1  
or  
Inc. Town of.....  
or  
City of.....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16581

Registration District No. 3922 A Registered No. 9  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? none (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH May 9, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Broadus Falls Derrick  
(9) PRESENT POSTOFFICE OF FATHER Leesville S.C. R.F. D. No 7  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Saluda County  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth one

MOTHER.  
(14) NAME BEFORE MARRIAGE Julia Marie Louis  
(15) PRESENT POSTOFFICE OF MOTHER Leesville S.C. R.F. D. No 7  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE Saluda County  
(19) OCCUPATION House-wives  
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Sidney Clark  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Leesville 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 May 11, 1922 (28) O. D. J. [Signature] 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.

Registrar I  
\*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.

REGISTRY OF SOUTH CAROLINA, COLUMBIA, S. C.