

(1) PLACE OF BIRTH

County of NewberryTownship of No. 11or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29490

Registration District No. 3414Registered No. 105
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Salter (If child is not yet named, make supplemental report as directed)(3) girl (4) Twin or Triplet? No (5) Number in order of birth 4th (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 2 1922
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Loek Salter</u>	(14) NAME BEFORE MARRIAGE	<u>Minie Cannon</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Pomaria</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Pomaria</u>
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>
(11) AGE AT LAST BIRTHDAY	<u>30</u>	(17) AGE AT LAST BIRTHDAY	<u>23</u>
(12) BIRTHPLACE	<u>Pomaria</u>	(18) BIRTHPLACE	<u>Pomaria</u>
(13) OCCUPATION	<u>Farming</u>	(19) OCCUPATION	<u>Farming</u>
(20) Number of children born to mother, including present birth	<u>One</u>	(21) Number of children of this mother now living, including present birth	<u>One</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 a.m. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Adeline Suber (24) State whether Physician or Midwife

Given name added from a supplemental report	(25) Witness <u>E. L. Glynth</u> (Signature of witness necessary only when question 23 is signed by mark)
19 <u>Nov 14</u> Registrar	(27) Filed <u>Nov 14</u> 19 <u>22</u> (28) <u>R. J. Johnson</u> 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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MARGIN NUMBERED FOR BINDING. WRITE PLAINLY, IN INK, THIS IS A PERMANENT RECORD, and mark the page with the number of the page. THE OTHER, No. 2, etc., in question 5, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5, FIRST-BORN, No. 1.