

(1) PLACE OF BIRTH

County of Alameda
 Township of Millett
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. - For this Register
31475

Registration District No. 4604

Registered No. 33
 (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 Willie If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD Boy (b) Type or Trade + (c) Number in order of birth 1 (d) Age no (e) DATE OF BIRTH Jan 2 1923
 To be given in case of Type or Trade (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Jamie Salk
 (2) PRESENT RESIDENCE OF FATHER Millett
 (10) COLOR negro (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE IL
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 7

MOTHER.

(10) NAME BEFORE MARRIAGE Carrie Badger
 (11) PRESENT RESIDENCE OF MOTHER Millett
 (10) COLOR negro (11) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE IL
 (13) OCCUPATION House Work
 (14) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was born at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(16) (Signature) Willie Salk

(17) State whether Physician or Midwife

(18) Address of Physician or Midwife Millett IL

Given name added from a supplemental report

Willie Salk

Jan 2 1923

(19) Witness (Signature of Witness necessary only when question 18 is signed by mark)

(20) Filed Jan 3 1923 (21) Willie Salk 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.