

(1) PLACE OF BIRTH

County of Saluda
 Township of # 2
 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

5143

Registration District No. 3901 Registered No. 12
 (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 Viola Inc Cornick 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? yes (7) DATE OF BIRTH Feb 7 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Carlton Inc Cornick</u>	(14) NAME BEFORE MARRIAGE <u>Ella Jones</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Batesburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Batesburg</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTHPLACE <u>Saluda Co</u>	(18) BIRTHPLACE <u>Saluda Co</u>	(13) OCCUPATION <u>Saw mill hand</u>	(19) OCCUPATION <u>Horsewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Gontt (24) State whether Physician or Midwife mid (25) Address of Physician or Midwife Batesburg

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 24 1923 (28) Mrs J. J. Branch Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY. WRITE UNFAMING INITIALS IN A PERMANENT INK. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., IN GREEN INK. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.