

Form No. 1

## (1) PLACE OF BIRTH

County of SaludaTownship of #

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

32046

Registration District No. 39.02 Registered No. 47

(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? <u>boy</u>	4) Twin or Triplet? <u>-</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept 28 22</u> (Name) (Month) (Day) (Year)
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FATHER.

8) FULL NAME Tyrie Correll

9) PRESENT POSTOFFICE OF FATHER Saluda S.C. R.F.D. #4

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

12) BIRTHPLACE Saluda County S.C.

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Ida L. Gaff

15) PRESENT POSTOFFICE OF MOTHER Saluda S.C. R.F.D. #4

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)

18) BIRTHPLACE Saluda County S.C.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 10:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Traylor M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Saluda 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 Oct 10 1922 (28) J. Oscar Solomon 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.

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.