

(1) PLACE OF BIRTH

County of RichlandTownship of Lane

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18985

Registration District No. 380Registered No. 163
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child

J. C. Salltan

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>March 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Salltan

(15) PRESENT POSTOFFICE OF MOTHER Lykeeland

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY (Years) 30

(18) BIRTHPLACE S.C.

(19) OCCUPATION

(20) Number of children born to mother, including present birth 8(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Imogene Taylor(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Lykeeland S.C.

Given name added from a supplemental report

(26) Witness Mrs. W. Gorman
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6/19/23 (28) Mrs. W. Gorman 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.