

(1) PLACE OF BIRTH

County of UnionTownship of Lower KeysInc. Town of S.C.City of S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

- File No. - For State Registrar Only

2662

Registration District No. 1000 Registered No. 2

(For use of Local Registrar)

(No. SL; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Julia Sadalia Finklea 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
(to be answered only in case of twins or triplets)(6) Are Parents yes Married? yes(7) DATE OF Jan 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hugh P. Finklea(9) PRESENT POSTOFFICE OF FATHER Sadalia S.C. RD #2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Berkeley County, S.C.(13) OCCUPATION Bridge constructor(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Senatiana Robo(16) PRESENT POSTOFFICE OF MOTHER Sadalia S.C. RD #2(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 31 (Years)(19) BIRTHPLACE Union, S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. F. Moseley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Union S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

E. F. Moseley(27) Filed 181 (28) 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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