

(1) PLACE OF BIRTH

County of Jefferson

Township of

Inc. Town of

City of Salley

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

2) Full Name of Child Isola Mae

File No. — For State Registrar Only

65889

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 37 Registered No. 76

(For use of Local Registrar)

St.; Ward)

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

3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 29

Name of Month (Day) (Year)

FATHER.

4) FULL NAME

Andezia West

5) PRESENT POSTOFFICE

Salley, S.C.

6) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 38 (Years)

7) BIRTHPLACE

Salley, S.C.

8) OCCUPATION

None

9) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Liza E. West

(15) PRESENT POSTOFFICE OF MOTHER

Salley, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29 (Years)

(18) BIRTHPLACE

Salley, S.C.

(19) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Salley, S.C.

Given name added from a supplemental report

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(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

Andezia West(27) Filed July 3, 1916 (28) Local Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.

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