

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 5.

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Hebron
 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
19693

Registration District No. 3608 Registered No. 38
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Sallie Marie W. Michael If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 25 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Baily W. Michael
 (9) PRESENT POSTOFFICE OF FATHER North S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 45
 (Years)
 (12) BIRTHPLACE Orangeburg County
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Davis
 (15) PRESENT POSTOFFICE OF MOTHER North S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37
 (Years)
 (18) BIRTHPLACE Orangeburg County
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 90

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Willie Livingston
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife North 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 June 27 1922 (28) W. Livingston
 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.