

# *Illegitimate child*

Form No. 1

## (1) PLACE OF BIRTH

County of Saluda Co.  
 Township of .....  
 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

B2062

Registration District No. 3904

Registered No. 6

(For use of Local Registrar)

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

## (2) Full Name of Child unnamed

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

3) BOY OR GIRL Girl 4) Twin or Triplet? To be answered only in event of Twins or Triplets 5) Number in order of birth ..... 6) Are Parents Married? ..... 7) DATE OF BIRTH Sept 9 19 22 (Name of Month) (Day) (Year)

### 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 Amie Bell DeLoach  
 15) PRESENT POSTOFFICE OF MOTHER Saluda SC R2  
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
 18) BIRTHPLACE Saluda Co SC  
 19) OCCUPATION Cotton mill laborer

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

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 9 Sept 1922 at 10 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S M Little

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 9 1922 (28) Mrs Matilda Kirkland 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.

MAILED FOR BIDDING. THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

OFFICE OF COLUMBIA, COLUMBIA, S. C.