

(1) PLACE OF BIRTH

County of Allendale

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

124

Township of AllendaleIn Town of FairfaxCity of FairfaxRegistration District No. 4601Registered No. 124

(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 Genevieve Victoria Sauls

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 3 (6) Age Parents Married? Yes (7) DATE OF BIRTH June 4, 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME L. M. Sauls
(9) PRESENT POSTOFFICE OF FATHER Fairfax S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Hawthorne, Co. S.C.
(13) OCCUPATION Salesman
(14) Number of children born to mother, including present birth 3

MOTHER
(15) NAME BEFORE MARRIAGE Loy Brown
(16) PRESENT POSTOFFICE OF MOTHER Fairfax S.C.
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 32 (Years)
(19) BIRTHPLACE Hawthorne Co. S.C.
(20) OCCUPATION wife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fairfax S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Jan 1924 (28) [Signature] 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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