

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....City of Anderson

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

(2) Full Name of Child Lara Jeanne Salata (If child is not yet named, make supplemental report as directed)3. SEX  
GIRL4. Twin  
or Triplet

To be answered only in case of Twin or Triplet

5. Number of  
order of birth6. Are  
Parents  
Married7. DATE OF  
BIRTH

(Month) (Day) (Year)

## FATHER.

8. FULL  
NAME9. PRESENT  
POSTOFFICE  
OF FATHER10. COLOR  
OR  
RACE11. AGE AT LAST  
BIRTHDAY

(Years)

12. BIRTHPLACE

13. OCCUPATION

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

## MOTHER.

14. NAME BEFORE  
MARRIAGE15. PRESENT  
POSTOFFICE  
OF MOTHER16. COLOR  
OR  
RACE17. AGE AT LAST  
BIRTHDAY

(Years)

18. BIRTHPLACE

19. OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
al report

(26) Witness

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

(27) Date

(28) 19

(29) ANDERSON, S.C.

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.Filed 2/21, 1931 Julia McElister  
Registrar

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. 19740  
For State Registrar OnlyRegistration District No. 3ARegistered No. 224  
(For use of Local Registrar)