(1) PLACE OF BIRTH

County of Saluda

Township of Ninety Six

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 39008 Registered No. 2 C
(For use of Local Registrar)

File No.—For State Registrar Only
42603

(2) Full Name of Child .....

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

(3) BOY OR GIRL: Boy

(4) Twin or Triplet — To be answered only in event of Twins or Triplets

(5) Number in order of birth: 2

(6) Are Parents Married: Yes

(7) DATE OF BIRTH: Oct 1 1923 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	John Perry	(14) NAME BEFORE MARRIAGE	Rosa Boyd
(9) PRESENT POSTOFFICE OF FATHER	Batesburg S C	(15) PRESENT POSTOFFICE OF MOTHER	Batesburg SC
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY	33 (Years)	(17) AGE AT LAST BIRTHDAY	20 (Years)
(12) BIRTHPLACE	Saluda Co S C	(18) BIRTHPLACE	Saluda Co
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	5	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 3 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D W Dickson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 11 1923 (28) [illegible]
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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