

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

(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

File No. For State Registrar Only

88772

Registration District No. 9ARegistered No. 1464

(For use of Local Registrar)

## (2) Full Name of Child

Salvo

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 24, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Clyton Salvo.(9) PRESENT POSTOFFICE OF FATHER Washington D.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION P.R. Clerk(20) Number of children born to mother, including present birth { 2

## MOTHER.

(14) NAME BEFORE MARRIAGE May Stewarts(15) PRESENT POSTOFFICE OF MOTHER Washington D.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House(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 born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. G. Carr(24) State whether Physician or Midwife (25) Address of Physician or Midwife City.

Given name added from a supplemental report

191...

Registrar

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

(27) Filed 1/3 191... (28) 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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