

Form No. 1

(1) PLACE OF BIRTH

County of OrangeTownship of Howellor
Inc. Town ofor
City of

(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. 3502

File No.—For State Registrar Only

39553Registered No. 89
(For use of Local Registrar)(2) Full Name of Child Samuel Lee Whitley (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 27 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Whitley(9) PRESENT POSTOFFICE OF FATHER Salem S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE Ga.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Whitley(15) PRESENT POSTOFFICE OF MOTHER Salem S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 15 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 at R.A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dora Bowers(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Salem S.C.

Given name added from a supplemental report

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

(27) Filed Dec 9 19 22 (28) Sam W Smith 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.