

## (1) PLACE OF BIRTH

County of SaludaTownship of gor  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

39929

Registration District No. 39.44 Registered No. 54  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Ethel Lee Almy If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 26, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Almy(9) PRESENT POSTOFFICE OF FATHER Silvest(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss L. Weaver(15) PRESENT POSTOFFICE OF MOTHER Silvest(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farmer(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 5:00 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Fizzie L. Weaver(24) State whether Physician or Midwife (25) Address of Physician or Midwife Silvest

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, 1922 (28) D. J. Jester  
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.