

## (1) PLACE OF BIRTH

County of *Saluda*

Township of .....

or Inc. Town of .....

or City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22468

Registration District No. *3903*Registered No. *40*  
(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 *James Edmund Herlong*

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

(1) BOY OR GIRL	(2) Twin or Triplet	(3) Number in order of birth	(4) Age	(5) DATE OF BIRTH
		<i>3</i>	<i>7m</i>	<i>July 22, 22</i>
To be answered only in event of Twin or Triplet				(Month of Birth) (Day) (Year)

## FATHER.

(1) FULL NAME *William Francis Herlong*(2) PRESENT POSTOFFICE OF FATHER *Saluda S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32* (Year)(12) BIRTHPLACE *Edgefield County*(13) OCCUPATION *Carpenter on R.F.D. # 6*(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Rosie Herlong*(15) PRESENT POSTOFFICE OF MOTHER *Saluda S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *31* (Year)(18) BIRTHPLACE *Edgefield County*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at *8:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour and Minute P.M.)(23) (Signature) *J. N. Martin, M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Saluda S.C.*

(If name added from a supplemental report)

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

(27) Filed *Aug. 9, 1923* (28) *Marie Grant* 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.