

(1) PLACE OF BIRTH

County of Greenville
 Township of Synchling
 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

31042

Registration District No. 3002 Registered No. 117
 (For use of Local Registrar)

City of (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 Robert Salomon 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 11, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Oliver Salomon</u>	(14) NAME BEFORE MARRIAGE	<u>Lillian Gregg</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Elliott S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Elliott S.C.</u>		
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>	(17) AGE AT LAST BIRTHDAY	<u>25</u>
(11) AGE AT LAST BIRTHDAY	<u>25</u>	(18) BIRTHPLACE	<u>La C. S. C.</u>		
(12) BIRTHPLACE	<u>La C. S. C.</u>	(19) OCCUPATION	<u>Farm work</u>		
(13) OCCUPATION	<u>Farm work</u>	(20) Number of children of this mother now living, including present birth	<u>1</u>		
(21) Number of children born to mother, including present birth	<u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Scarborough
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elliott 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 9/11/22 (28) J. P. Whitaker 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.