

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. **SEE OTHER, No. 2, etc., in question 5.**
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Marlowe
Township of Nebron
OR
Inc. Town of Blis
OR
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

File No.—For State Registrar Only

73941

Registration District No. 8304 Registered No. 137
(For use of Local Registrar)(2) Full Name of Child Albert Moses Saleeby } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in event of Twins or Triplets.</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 20, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Shirley Gen. Saleeby</u>	(14) NAME BEFORE MARRIAGE <u>Najibah Abraham Bey</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Blis S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blis S.C.</u>			
(10) COLOR OR RACE <u>Syrian</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Syrian</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Syria</u>		(18) BIRTHPLACE <u>Syria</u>		
(13) OCCUPATION <u>Merchant</u>		(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John Allen Hester, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Blis 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 Aug 24 1916 (28) W. H. Woodley
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.