

(1) PLACE OF BIRTH

County of BerkeleyTownship of MarionPrecinct of Cooper RiverRegistration District No. 705

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

344

Registered No. (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Capers, Claud Saulisbury If child is not yet named, make supplemental report as directed(1) BOY OR GIRL M (2) Twin or triplet? / (3) Number in order of birth 1 (4) Are Parents Married? /E (5) DATE BIRTH January 26th 1923 (Name of Month) (Day) (Year)FATHER. (7) FULL NAME Claud H. Saulisbury (14) NAME BEFORE MARRIAGE Anna Eady(8) PRESENT POSTOFFICE OF FATHER Marion, Cooper River, Berkeley Co. (15) PRESENT POSTOFFICE OF MOTHER Marion, Cooper River, Berkeley Co.(9) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 22 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 20(19) BIRTHPLACE Mudville, Berkeley Co., S.C. (20) BIRTHPLACE Mudville, Berkeley Co., S.C.(21) OCCUPATION Farmer (22) OCCUPATION Domestic(23) Number of children born to mother, including present birth 1 (24) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was alive as 9 P. M., on the date above stated. (26) (Signature) A. E. Wildhagen (27) State whether Physician or Midwife Physician (28) Address of Physician or Midwife 286 Meeting St., Charleston, S.C.

(29) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(30) Filed 101 (31) Local Registrar

(32) 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.

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