CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
15576

(1) PLACE OF BIRTH
County of Laurens
Township of Cross Hill SC
or
Inc. Town of .....
or
City of .....
(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2900 Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child Jack Valentine
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	Mar 22 1922

FATHER

(8) FULL NAME: Jack Valentine
(9) PRESENT POSTOFFICE OF FATHER: Cross Hill SC
(10) COLOR OR RACE: Black
(11) AGE AT LAST BIRTHDAY (Years): 34
(12) BIRTHPLACE: SC
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: 1

MOTHER

(14) NAME BEFORE MARRIAGE: Bessie Valentine
(15) PRESENT POSTOFFICE OF MOTHER: Cross Hill SC
(16) COLOR OR RACE: Black
(17) AGE AT LAST BIRTHDAY (Years): 34
(18) BIRTHPLACE: SC
(19) OCCUPATION: Farming
(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 (Born alive or stillborn) at 8 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emelia Boyd
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Cross Hill SC

Given name added from a supplemental report
.....
....., 19....
Registrar

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

(27) Filed Mar 24 1922 (28) P B Godown
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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

McCAW OF COLUMBIA, COLUMBIA, S. C.