

Form No. 1

## (1) PLACE OF BIRTH

County of JasperTownship of Coolantatchie

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4261

Registration District No. 7600Registered No. 15

(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 Jamus Wynn

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Raymond Wynn(9) PRESENT POSTOFFICE OF FATHER Sheldon, O.C.(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 31

(Years)

(12) BIRTHPLACE O.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth four

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Thompson(15) PRESENT POSTOFFICE OF MOTHER Sheldon, O.C.(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE O.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... born ... at 5:4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Hagel(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sheldon, O.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/5/33

(28)

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.