

PLACE OF BIRTH  
County of Calhoun  
Township of Chick  
or  
Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 800

FILE No.—For State Registrar Only

41137-A

Registered No. \_\_\_\_\_  
(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)

FULL NAME OF CHILD Vernon Jewell Farley (If child is not yet named, make supplemental report as directed)

Boy or Girl Boil If Plural births \_\_\_\_\_ 4. Twin, triplet, or other Yes 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth Dec 18, 1922 (Month, day, year)

FATHER  
Full name James Redmond Farley

Residence (usual place of abode) S.C.  
(If non-resident, give place and State)

Color or race White 12. Age at last birthday 31 (Years)

Birthplace (city or place) U.C.  
(State or country)

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator

Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

Date (month and year) last engaged in this work Dec 1931 17. Total time (years) spent in this work all

MOTHER  
Full maiden name Ruth E. Farley

Residence (usual place of abode) S.C.  
(If non-resident, give place and State)

Color or race White 21. Age at last birthday 24 (Years)

Birthplace (city or place) S.C. Calhoun Co  
(State or country)

Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 1

Date (month and year) last engaged in this work \_\_\_\_\_ 25. Total time (years) spent in this work all

Number of children of this mother (one of birth and including this child) 2 (a) Born alive and now living yes (b) Born alive but now dead 0 (c) Stillborn 0

If stillborn, period of gestation 4 {months \_\_\_\_\_ weeks \_\_\_\_\_} 29. Cause of stillbirth \_\_\_\_\_ (Before labor \_\_\_\_\_ During labor 7)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
(Signed J. T. Farley M.D.)  
L.T. \_\_\_\_\_ Midwife \_\_\_\_\_

Name added from \_\_\_\_\_ Address Blancher St.  
supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
Filed 9-28, 1934 Blancher St.

Registrar.