

(1) PLACE OF BIRTH

County of Calhoun
 Township of Lynn
 or
 Inc. Town of.....
 or
 City of

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

Registration District No. 502

File No. - For this registration
34984

Registered No. 124
 (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 Laura Jamison If child is not yet named, make supplemental report as directed

(3) SEX girl (4) Type of Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth yes (6) Are Parents Married yes (7) DATE OF BIRTH Nov 28, 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Jamison

(9) PRESENT RESIDENCE OF FATHER Ellerbe S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 34
 (Year)

(12) BIRTHPLACE Orangeburg Co.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Jamison

(15) PRESENT RESIDENCE OF MOTHER Ellerbe S.C.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 36
 (Year)

(18) BIRTHPLACE Orangeburg Co.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X Hester Robinson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Ellerbe S.C.

Given name added from a supplemental report

(26) Witness Mrs. Smith (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 4, 1923 (28) W. F. Keller Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is desired of a stillborn before the fifth month of pregnancy.

A. C. L.