

Form No. 1

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

Form No. 1		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 41389
(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>St. James</u> OR Inc. Town of <u>McCollum</u> OR City of (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 <u>Freddie Belle Jerome</u> (If child is not yet named, make supplemental report as directed)				
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>twins</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 29</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Charlie Jerome</u> (9) PRESENT POSTOFFICE OF FATHER <u>McCollum</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) (12) BIRTHPLACE <u>Charleston Co.</u> (13) OCCUPATION <u>machinist</u> (20) Number of children born to mother, including present birth <u>2</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Mellie Ann Gibb</u> (15) PRESENT POSTOFFICE OF MOTHER <u>McCollum</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>20</u> (Years) (18) BIRTHPLACE <u>Charleston Co.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>1</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1.0 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Pattie Weston</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>McCollum</u> 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 <u>Dec 29</u> 19 <u>22</u> (28) <u>J. E. Keenan</u> 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.