

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of St. James Charles
 OF
 Inc. Town of McCollumree
 OR
 City of

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

File No.—For State Registrar Only
41389

Registration District No. 906 Registered No. 108
 (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 Freddie Belle Jerome (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? twins (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 29 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charlie Jerome
 (9) PRESENT POSTOFFICE OF FATHER McCollumree
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Charleston Co.
 (13) OCCUPATION machinist
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Mellie Ann Gibb
 (15) PRESENT POSTOFFICE OF MOTHER McCollumree
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Charleston Co.
 (19) OCCUPATION Housewife
 (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 at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Patty Nestor
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McCollumree

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 29 1922 (28) J. C. Keehan Local Registrar

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.
 MICHIGAN DEPARTMENT OF HEALTH, COLUMBIA, S. C.

*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.