

(1) PLACE OF BIRTH

County of Colleton  
 or  
 Township of Wasson  
 or  
 Inc. Town of.....  
 or  
 City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33935

Registration District No. 148

Registered No. 87  
 (For use of Local Registrar)

(2) Full Name of Child

No name

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

3) BOY OR GIRL? <u>boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>4</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept 10</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>Addie Jones</u>		14) NAME BEFORE MARRIAGE <u>Vina Jones</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Summers &amp; Co</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Summers &amp; Co</u>		
10) COLOR OR RACE <u>Black</u>	11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	16) COLOR OR RACE <u>Black</u>	17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>		18) BIRTHPLACE <u>S.C.</u>		
13) OCCUPATION <u>Housewife</u>		19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>1</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 Stillborn at 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Addie Brown  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summers & Co

Given name added from a supplemental report

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

(27) Filed Nov 8 1922 (28) Walter Kinsey 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.

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