

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Chester

STATE OF SOUTH CAROLINA.

41549

Township of Baton Rouge

Bureau of Vital Statistics
State Board of Health

Inc. Town of Registration District No. 1100 Registered No. 61
(For use of Local Registrar)

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 Janison Chyporal Vinson ; 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> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 1, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME Daniel Clarence Vinson

(14) NAME BEFORE MARRIAGE Emmie Price

(9) PRESENT POSTOFFICE OF FATHER Bullocks Creek R#1

(15) PRESENT POSTOFFICE OF MOTHER Bullocks Creek R#1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE Union Co. S.C.

(18) BIRTHPLACE Union Co. S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 1

(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 alive, at 11:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Wyle

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Chester S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 15, 1922 (28) J. A. Cornwall
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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