

1) PLACE OF BIRTH

County of QueenTownship of Edinboroor
Inc. Town ofor
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

41167

Registration District No. S. 21 Registered No. 149
(For use of Local Registrar)(2) Full Name of Child Enzo Jimison (If child is not yet named, make supplemental report as directed)3. SEX OR GENDER Male 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? No 7. DATE OF BIRTH Dec 26 19 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Dan Jimison9. PRESENT POSTOFFICE OF FATHER Edinboro SC10. COLOR OR RACE C 11. AGE AT LAST BIRTHDAY 21 (Years)12. BIRTHPLACE Calhoun13. OCCUPATION arm Renter20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Rena Cheesboro15. PRESENT POSTOFFICE OF MOTHER Edinboro SC16. COLOR OR RACE C 17. AGE AT LAST BIRTHDAY 21 (Years)18. BIRTHPLACE Calhoun19. OCCUPATION Land21. 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 7 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(23) (Signature) Anna S. C.(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Edinboro SC

Given name added from a supplemental report

(26) Witness Mrs. Smith
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 29 19 22 (28) W. J. Keller 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.

A. C. SmithMARGIN 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.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.