

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield

Township of

or

Inc. Town of Edgefield

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

42195

Registration District No. 18A Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child Thomas James Jennings child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 18 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Tom Jennings

(9) PRESENT POSTOFFICE OF FATHER

Edgefield, S.C.

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE

McCormick, S.C.

(13) OCCUPATION

Laborer

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Addie Frazier

(15) PRESENT POSTOFFICE OF MOTHER

Edgefield, S.C.

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 34
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sandy Weathers

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Edgefield, 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 1/5/231923(28) Chas. D. Daniel

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.

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.

MCGRAW HILL BOOK CO., COLUMBIA, S. C.