(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
36025

County of Orangeburg
Township of Union
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

Registration District No. 3616 Registered No. 91
(For use of Local Registrar)

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

(2) Full Name of Child Clayola Jamison (If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Oct 29, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER		MOTHER	
(8) FULL NAME	Emanuel Jamison	(14) NAME BEFORE MARRIAGE	Mattie Leon Salley
(9) PRESENT POSTOFFICE OF FATHER	Cordova S C R F D	(15) PRESENT POSTOFFICE OF MOTHER	Cordova S C R F D
(10) COLOR OR RACE	Colored	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Orangeburg Co	(18) BIRTHPLACE	Orangeburg Co
(13) OCCUPATION	Farming	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	Four	(21) Number of children of this mother now living, including present birth	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M., on the date above stated.
(Born alive or stillborn) * (Hour A. M. or P. M.)

(23) (Signature) Sarah & Livingston
(24) State whether Physician or Midwife Midwife | (25) Address of Physician or Midwife Cope S C R F D

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Nov 4 1922 (28) R K Beverly
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.