

N. E.—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.

(1) PLACE OF BIRTH

County of Laurens
 or
 Township of Jacks
 or
 Inc. Town of Jacks
 or
 City of Jacks

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2288

Registration District No. 2903

Registered No. 30
 (For use of Local Registrar)

City of Jacks (No. 1 St.; 1 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frances Elizabeth Perry

If 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 1st

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar 11 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Turmon Perry

(9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Laurens County, S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Fanny Lynch

(15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(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 born alive at 11-9 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Davis

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

(26) Witness D. L. Speland (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 10 1922 (28) D. L. Speland 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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