

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32113

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No. W. J. Lee Hospital St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

2) BOY OR GIRL? 7.

4) Twin or Triplet? ✓

5) Number in order of birth ✓

6) Are Parents Married? yes

7) DATE OF

BIRTH Sept. 29, 1922
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME

E. C. Jewson

9) PRESENT POSTOFFICE OF FATHER

Albany Ga.

10) COLOR OR RACE

W.

11) AGE AT LAST BIRTHDAY

43
(Years)

12) BIRTHPLACE

Ga.

13) OCCUPATION

Lumberman

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

1

MOTHER

14) NAME BEFORE MARRIAGE

Joy Calhoun

15) PRESENT POSTOFFICE OF MOTHER

Albany, Ga.

16) COLOR OR RACE

W.

17) AGE AT LAST BIRTHDAY

32
(Years)

18) BIRTHPLACE

S.C.

19) OCCUPATION

Dom.

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 6:30 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Waller M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

6/13/43
19...
Registrar

(26) Witness

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

(27) Filed

10-1-22

(28)

Jas. Copps
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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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.