

(1) PLACE OF BIRTH

County of Harvey Co.
 Township of Union
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
15339

Registration District No. 75-06 Registered No. 140
 (For use of Local Registrar)
 (No. St.; Ward)

(2) Full Name of Child Riba Pearl Jernigan If child is not yet named, make supplemental report as directed

3. <input checked="" type="checkbox"/> MALE GIRL?	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married?	7. DATE OF BIRTH <u>5/27/22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>William Jernigan</u>			14. NAME BEFORE MARRIAGE <u>Lula Richardson</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Lois, S.C. B.I.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Lois, S.C.</u>	
10. COLOR OR RACE <u>White</u>			16. COLOR OR RACE <u>White</u>	
11. AGE AT LAST BIRTHDAY <u>13</u> (Years)			17. AGE AT LAST BIRTHDAY <u>19</u> (Years)	
12. BIRTHPLACE <u>Lois, S.C.</u>			18. BIRTHPLACE <u>Richmond, Va.</u>	
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Male at 5:45 P.M., on the date above stated. (Born alive or stillborn) (Hour-Min. or P. M.)

(23) (Signature) Thompson

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 17 1922(28) Chapman 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.

MACHIN REEL FOR BINDING.
 WHEN PLAINLY, WITH NO ALPHABETIC INDEX—THIS IS A PLAIN INDEX RECORDED.
 IN CASE OF TWIN OR TRIPLETS, EACH CHILD MUST BE RECORDED, AND UNDER THE
 FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 2.
 No. 6.—In case of stillbirth, the child must be reported as stillborn, and under the
 No. 7, the child must be reported as stillborn, and under the No. 8, the child must be reported as stillborn.