

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Survey of Vital Statistics

State Board of Health

File No.—For State Engineer Only

3846

County of Rock
 Township of Stoughton

Registration District No/

2003

Revised No. 7.....

(For use of Local Registrar)

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(13)

St. Ward)

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

2) Full Name of Child John M. S. If child is not yet named, make supplemental report as directed

DO NOT CH
WALL

40 **Trip**
or Transport

(1) Number in order of birth

Are
Circuit
Court

(7) DATE OF BIRTH 20 Feb 23
(Please of Month) (Day) (Year)

FATHER
Gedi Mac.

2. PRESENT POST OFFICE OF FATHER Junius Wells

(12) COLOR OR HAIR Colored AGE AT LAST BIRTHDAY 40
(Years)

THE BIRTHPLACE

15 OCCUPATION _____

Janning

Number of children born to _____ 191

(10) NAME BEFORE MARRIAGE Emma Jean **MOTHER.**

(10) PRESENT RESIDENCE OF MOTHER Timmonsville

(16) COLOR OR RACE *Crowd* (17) AGE AT LAST BIRTHDAY *33* (Yrs)

~~(The following)~~

(7) OCCUPATION Engineer

January

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

NAME OF ATTENDING PHYSICIAN OR MIDWIFE: *Ann Clark* # *2* *Dr.*

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

(25) (Signature) (25) State whether	(25) Address of Physician or Midwife <i>Edwards St</i>
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and Witness Witness necessary only

(Signature or
when question 12 is signed by mark)

(NW) Fwd *7/10/50*

...the North South of ...