

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 Jeune

Township of

or

Inc. Town of

or

City of Jeune

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

(2) Full Name of Child Joe Kent Orr

File No.—For State Registrar Only

42303

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 20-A

Registered No. 375
(For use of Local Registrar)

(7) DATE OF BIRTH Nov 20 1922
(Name of Month) (Day) (Year)

(3) BOY OR GIRL boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

FATHER.

(8) FULL NAME Wm. Henry Orr

(9) PRESENT POSTOFFICE OF FATHER Jeune S.C.

(10) COLOR OR RACE w

(11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE

Savannah Ga.

(13) OCCUPATION

Merchant

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Alice Weatherford

(15) PRESENT POSTOFFICE OF MOTHER Jeune S.C.

(16) COLOR OR RACE w

(17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE

Jeune S.C.

(19) OCCUPATION

Domestic

(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 4:40 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. K. Rhodes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Jeune S.C.

Given name added from a supplemental report

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

(27) Filed 12-15 1922 (28) P. H. Bushaw 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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