

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....or  
City of Charleston

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

17854

Registration District No. 9ARegistered No. 827

(For use of Local Registrar)

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

(2) Full Name of Child Margaret Caroline Jolly (No. Mersey St. Ward)3. SEX OF  
CHILD girl4. Twin  
or Triplet? X5. Number in  
order of birth -6. Are  
Parents  
Married? yes7. DATE OF  
BIRTH June 15, 1922

(Name) (Month) (Day) (Year)

## FATHER.

8. FULL  
NAME Earle Caperton Jolly9. PRESENT  
POSTOFFICE  
OF FATHER 87 B. Fishburne10. COLOR  
OR  
RACE W(11) AGE AT LAST  
BIRTHDAY 32

(Years)

12. BIRTHPLACE Ohio13. OCCUPATION machinist Navy yard14. Number of children born to  
mother, including present birth Two

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Quinn Kewright(15) PRESENT  
POSTOFFICE  
OF MOTHER 87-B. Fishburne(16) COLOR  
OR  
RACE W(17) AGE AT LAST  
BIRTHDAY 31

(Years)

(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Wife(21) Number of children of this mother  
now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:15 P. M.,  
on the date above stated. (Born alive or stillborn - Hour A. M. or P. M.)(23) (Signature) Dr. Robert Wilson

(24) State whether Physician or Midwife

(25) Address of Physic or Midwife 77 CalhounGiven name added from a supplement  
(at report)L. A. Dyer M.D.9/14/4318  
Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark.)(27) Filed 6/2019 22

(28)

J. Mercer Dyer M.D.  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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before the fifth month of pregnancy.