

## (1) PLACE OF BIRTH

County of OrangeburgTownship of City

or Inc. Town of .....

City of Orangeburg

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

(2) Full Name of Child John Counts Funnell

File No.—For State Registrar Only

31570

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 36-A Registered No. 135  
(For use of Local Registrar)(No. 38 Beune St.; ..... Ward)

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Sept. 8, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

8. FULL NAME J. Frank Funnell9. PRESENT POSTOFFICE OF FATHER Orangeburg SC10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 35  
(Year)12. BIRTHPLACE Beaufort County SC13. OCCUPATION Mill Operator22. Number of children born to mother, including present birth Five

## MOTHER.

14. NAME BEFORE MARRIAGE Hattie Mary Jeffcoat15. PRESENT POSTOFFICE OF MOTHER Orangeburg SC16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 38  
(Year)18. BIRTHPLACE Hampton County SC19. OCCUPATION House wife21. Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:20 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated. J. A. Jeffcoat

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianOrangeburg SC

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 7, 1922 (28) W. J. Surber  
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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