

* By Court order: 8-22-79, * Dan Joy

(1) PLACE OF BIRTH

County of Kershaw

Township of Seneca

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

Registration District No. 2701 Registered No. 14
(For use of Local Registrar)

File No.—For State Registrar Only
1675

(2) Full Name of Child

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

(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

(7) DATE OF BIRTH Jan 22, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Jay

(9) PRESENT POSTOFFICE OF FATHER Cause

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Att Blythe

(15) PRESENT POSTOFFICE OF MOTHER Cause

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Elen McLeod

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Cause

Given name added from a supplemental report

Court Order #13,540
Filed 8-29, 1979
Registrar

(26) Witness

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

(27) Filed Jan 27, 1932

(28) 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—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 6.

McGraw-Hill, Columbia, S. C.

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