

## (1) PLACE OF BIRTH

County of *Barnwell*Township of *Sylamore*

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

1844

Registration District No. *577*Registered No. *61*

(For use of Local Registrar)

(2) Full Name of Child *Grace Irene Jerny*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Feb. 1, 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Geo Willie Jerny*(9) PRESENT POSTOFFICE OF FATHER *Jerny, etc.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *36* (Years)(12) BIRTHPLACE *Barnwell Co.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *4*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Irene Ritter*(15) PRESENT POSTOFFICE OF MOTHER *Jerny, etc.*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *32* (Years)(18) BIRTHPLACE *Barnwell Co.*(19) OCCUPATION *Housekeeping*(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* on the date above stated.

(Born alive or stillborn)

*12<sup>10</sup> P.M.*(23) (Signature) *G. W. T. Rose*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Physician Jerny, etc.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Feb 11 1916*

(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.