

(1) PLACE OF BIRTH

County of Union

Township of

Inc. Town of

City of Union

(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

File No.—For State Registrar Only

5300

Registration District No. 42-A Registered No. 17
(For use of Local Registrar)
(No. Caldwell Ward)

(2) Full Name of Child. If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 1 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. C. Jolly Jr(9) PRESENT POSTOFFICE OF FATHER Union SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Spears(15) PRESENT POSTOFFICE OF MOTHER Union SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Union Co(19) OCCUPATION Housewife(20) 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 born alive 10 45 P M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Surber(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union SC

(When name added from a supplemental report)

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3-10-23 (28) J. G. Saratt 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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