CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 30007

(1) PLACE OF BIRTH

County of Edgefield

Township of .....
or
Inc. Town of Edgefield
or
City of ..... (No. ..... St.; ..... Ward)

Registration District No. 181 Registered No. 36 (For use of Local Registrar)

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

(2) Full Name of Child Jack A Ouzts — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (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 Sept 6 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Jack Ouzts	(14) NAME BEFORE MARRIAGE Dedale Mitchell
(9) PRESENT POSTOFFICE OF FATHER Edgefield, S C	(15) PRESENT POSTOFFICE OF MOTHER Edgefield, S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE Edgefield Co
(13) OCCUPATION Textile worker	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 6	(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. P. Nicholson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Edgefield S C

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed Oct 12 1922 (28) Chas D Lamb 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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FOR NAME OF TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

SC—Dec of Columbia, S. C.