

(1) PLACE OF BIRTH

County of Lancaster
Township of Little Riveror
Inc. Town ofCity of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child. Agnes Ann Jumper If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? Single (5) Number in order of birth 8th (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 2, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward J. Jumper(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C. R#5(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Kershaw Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Eight

MOTHER.

(14) NAME BEFORE MARRIAGE Sally Ann(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C. R#5(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Lancaster Co. S.C.(19) OCCUPATION Home wife(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. C. Brown M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Lancaster, S.C.

Given name added from a supplemental report

, 191...

Registrar

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

(27) Filed Dec. 1, 1916 (28) J. G. Thomas 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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File No.—For State Registrar Only

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