

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Stateburg

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

19352

Registration District No. 4.1.2.7 Registered No. 3.5
(For use of Local Registrar)(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 Handling Journey If child is not yet named, make supplemental report as directed(3) SEX OR
CHILD Boy (4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Are
Parents
Married Yes(7) DATE OF
BIRTH June 17 1935
(Name of Month) (Day) (Year)(8) FULL
NAME Jack Journey(9) PRESENT
POSTOFFICE
OF FATHER Valley(10) COLOR
OR
HAIR W (11) AGE AT LAST
BIRTHDAY 24
(Years)(12) BIRTHPLACE P. S.(13) OCCUPATION Laborer in North(14) NAME BEFORE
MARRIAGE Joseph R. Borden(15) PRESENT
POSTOFFICE
OF MOTHER Valley(16) COLOR
OR
RACE W (17) AGE AT LAST
BIRTHDAY 11
(Years)(18) BIRTHPLACE It(19) OCCUPATION At Home on Farm(20) Number of children born to
mother, including present birth 2 (21) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:40 M.,
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Britt Borden (24) Address of Physician or Midwife
State whether Physician or Midwife GrandfatherGiven name added from a supplement-
tal report(25) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed June 27 1935 (27) 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.