

## (1) PLACE OF BIRTH

County of *Orangeburg*  
 Township of *Elizabeth*  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25903

Registration District No. *3604*Registered No. *84*  
(For use of Local Registrar)

City 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 *Leila Jamison*

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 ..... (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *July 2, 1922*  
 To be answered only in case of Twin or Triplet (State of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *William Jamison*  
 (9) PRESENT POSTOFFICE OF FATHER *North S.C.*  
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *30* (Years)  
 (12) BIRTHPLACE *Orangeburg Co.*  
 (13) OCCUPATION *Farmer*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Haney Cullen*  
 (15) PRESENT POSTOFFICE OF MOTHER *North S.C.*  
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *23* (Years)  
 (18) BIRTHPLACE *Orangeburg Co.*  
 (19) OCCUPATION *Farm laborer*

(20) Number of children born to mother, including present birth *1* (21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive at 4 P.M.*  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *Elsie Fustick*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *North S.C.*

Given name added from supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mother)  
 (27) Filed *July 8, 1922* (28) *F.H. Nash* 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.  
 MAGAW OF COLUMBIA, COLUMBIA, S. C.