

## (1) PLACE OF BIRTH

County of LacharTownship of Ameliaor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200 Registered No. 30  
(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 Jella Osborne

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Age: Parents Married yes (7) DATE OF BIRTH Nov. 17, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME James Osborne(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34  
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farm work(14) Number of children born to mother, including present birth 7

## MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 34  
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farm work(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at H. P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Osborne(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. R. Osborne  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 17, 1922 (28) A. R. Osborne  
Local RegistrarWhen 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 or stillbirths before the fifth month of pregnancy.