

MARGIN RESERVED FOR BINDING.

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 3.

RECEIVED COLUMBIA, GEORGIA, S. C.

(1) PLACE OF BIRTH County of <u>Rockingham</u> Township of ..... or Inc. Town of ..... or City of ..... (if birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <u>7732</u>
Registration District No. ....		Registered No. .... (For use of Local Registrar)		
(2) Full Name of Child <u>Jurman Date</u>		(If child is not yet named, make supplemental report as directed)		
(3) BOY OR GIRL <u>Boy</u>	(4) <u>Junior</u> or Triplet? <u>Yes</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	
(7) DATE OF BIRTH <u>Jan 4 1922</u> (Name of Month) (Day) (Year)				
<b>FATHER.</b> (8) FULL NAME <u>Jurman Date</u> (9) PRESENT POSTOFFICE OF FATHER <u>Irish Sea SC</u> (10) COLOR OR RACE <u>Married</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) (12) BIRTHPLACE <u>Rockingham</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>1</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Marier Blackmon</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Irish Sea SC</u> (16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) (18) BIRTHPLACE <u>Rockingham</u> (19) OCCUPATION <u>Farmer</u> (21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>James H. Smith</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife				
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed) <u>James H. Smith</u> (27) Filed <u>Jan 19 1922</u> (28) Local Registrar <u>James H. Smith</u>		
*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.				