

(1) PLACE OF BIRTH

County of BeckleyTownship of 2. St. John

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arthur JayNo. 41078

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 703Registered No. 89

(For use of Local Health Officer)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ransom Jay

(9) PRESENT POSTOFFICE OF FATHER

Moncks Corner S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Kithwood SC

(13) OCCUPATION

Day Labor

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Nancy Spann

(15) PRESENT POSTOFFICE OF MOTHER

Moncks Corner SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Kithwood SC

(19) OCCUPATION

House Wife

(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 alive at 9:45 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Rebecca L. Richardson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Moncks Corner SC

Given name added from a supplemental report:

Marjorie

(26) Signature of Witness necessary only when question 22 is signed by mark

B. M. Darrin

*When there was no attending physician or midwife, the mother should be interviewed and the child should be examined. If a child breathes even once, it is born alive. If it does not breathe, it is stillborn. If it is stillborn, it should be reported as such.