

(1) PLACE OF BIRTH

County of Allendale
 Township of Beul Pond
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH

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

31471

Registration District No. 4603

Registered No. 73
 (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 Mattie Jimison (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Type or Triple No (5) Number in order of birth No (6) Age of parent married No (7) DATE OF BIRTH Nov 27 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John's father</u>	(14) NAME BEFORE MARRIAGE <u>Charity Jimison</u>	(14) NAME BEFORE MARRIAGE <u>Charity Jimison</u>	(14) NAME BEFORE MARRIAGE <u>Charity Jimison</u>
(9) PRESENT RESIDENCE OF FATHER <u>Allendale, SC</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Allendale County</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Allendale County</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Allendale County</u>
(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Year)
(18) BIRTHPLACE <u>Allendale County</u>	(18) BIRTHPLACE <u>Allendale County</u>	(18) BIRTHPLACE <u>Allendale County</u>	(18) BIRTHPLACE <u>Allendale County</u>
(19) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>farmer</u>
(20) Number of children born to mother, including present birth <u>four</u>	(21) Number of children of this mother now living, including present birth <u>four</u>	(21) Number of children of this mother now living, including present birth <u>four</u>	(21) Number of children of this mother now living, including present birth <u>four</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John's father at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda Jimison (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale, SC

Given name added from a supplemental report

(26) Witness J. H. Hester (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date Nov 30 1923 (28) J. H. Hester Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. In a child becomes even case, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.