

(1) PLACE OF BIRTH

County of ColletonTownship of WalterInc. Town of Islandton

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1403 Registered No. 44
(For use of Local Registrar)File No.—For State Registrar Only
18276

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

(2) Full Name of Child David Jamison If child is not yet named, make supplemental report as directed3 BOY OR GIRL? Boy 4 Twin or Triplet? No 5 Number in order of birth 3 6 Are Parents Married? Yes 7 DATE OF BIRTH June 12 1922
(Sex of Child) (Date of Birth) (Month) (Day) (Year)

FATHER.

8 FULL NAME William Jamison9 PRESENT POSTOFFICE OF FATHER Islandton10 COLOR OR RACE Colored 11 AGE AT LAST BIRTHDAY12 BIRTHPLACE Islandton13 OCCUPATION Farmer20 Number of children born to mother, including present birth 3

MOTHER.

14 NAME BEFORE MARRIAGE Katie Rice15 PRESENT POSTOFFICE OF MOTHER Islandton16 COLOR OR RACE Colored 17 AGE AT LAST BIRTHDAY18 BIRTHPLACE Islandton19 OCCUPATION House wife21 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Jones Islandton(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(27) Filed July 1 1922 (28) Mrs. G. W. Gooding 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.

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