

## (1) PLACE OF BIRTH

County of Lee Co  
 Township of Javica  
 or  
 Inc. Town of  
 or  
 City of Richmond

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4866

Registration District No. 3005 Registered No. 13  
 (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 Jack David (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? One (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 1 1922  
 (Name of Month) (Day) (Year)

| FATHER.   |                      | MOTHER.  |                      |
|---|----------------------|--|----------------------|
| (8) FULL NAME   | <u>Hutton David</u>  | (14) NAME BEFORE MARRIAGE  | <u>Minnie Lee</u>    |
| (9) PRESENT POSTOFFICE OF FATHER                                | <u>Richmond S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER  | <u>Richmond S.C.</u> |
| (10) COLOR OR RACE  | <u>white</u>         | (16) COLOR OR RACE   | <u>white</u>         |
| (11) AGE AT LAST BIRTHDAY                                       | <u>35</u><br>(Years) | (17) AGE AT LAST BIRTHDAY  | <u>30</u><br>(Years) |
| (12) BIRTHPLACE   | <u>Santee S.C.</u>   | (18) BIRTHPLACE  | <u>Santee S.C.</u>   |
| (13) OCCUPATION   | <u>Farming</u>       | (19) OCCUPATION  | <u>House wife</u>    |
| (20) Number of children born to mother, including present birth | <u>5</u>             | (21) Number of children of this mother now living, including present birth | <u>5</u>             |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) E. M. Garrison  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 6 22 (28) J. A. Outtara 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.