

(1) PLACE OF BIRTH  
County of Oraugburg  
Township of Albion  
OR  
Inc. Town of.....  
OR  
City of..... (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 Samuel Julian Jamison  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 12, 22</u> (Name of Month) (Day) (Year)
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FATHER:		MOTHER:	
(8) FULL NAME <u>Queenie Jamison</u>	(14) NAME BEFORE MARRIAGE <u>Earle Inagies</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cope SE R 4th</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cope SE R 4th</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>Oraugburg, S.C.</u>	(18) OCCUPATION <u>Day Laborer</u>	(18) BIRTHPLACE <u>Bamberg, S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Colored at 4:12 M., on the date above stated. (Born alive or stillborn) \* (Hour, A. M. or P. M.)

(23) (Signature) Sarah L. Jamison  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cope SE R 4th

Given name added from a supplemental report

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

(27) Date June 19, 22 (28) RK Wemyer 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 sixth month of pregnancy.