

(1) PLACE OF BIRTH

County of Union.....
 Township of Union.....
 or
 Inc. Town of Union.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

530

Registration District No. 42...Registered No. 25.....

(For use of Local Registrar)

(No. P.O. Ottaway Mill 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 Andrew J. Inman

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age at birth <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 27, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. M. Inman</u>			(14) NAME BEFORE MARRIAGE <u>Mollie Loftus</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Union, S.C.</u>			(18) BIRTHPLACE <u>Camden, S.C.</u>	
(13) OCCUPATION <u>Cotton Mill Work</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) O. L. P. Jackson, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Union, 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 3-10-23 (28) J. S. Darrott 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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