

(1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Columbia

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19908

Registration District No. 35A Registered No. 104

(For use of Local Registrar)

2) Full Name of Child Sarah Elizabeth Jamison If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? G(4) Twin or Triplet? 1

To be answered only in event of twins or triplets

(5) Number in order of birth 1(6) Are Parents Married? Y(7) DATE OF BIRTH May 8, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Paul Jamison(9) PRESENT POSTOFFICE OF FATHER 1202 Maple St(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Drummer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Gladys Russell(15) PRESENT POSTOFFICE OF MOTHER 1202 Maple(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Stitcher(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. J. Jamison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness .....

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

(27) Filed June 21, 1922 (28) W. H. Jamison 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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