

(1) PLACE OF BIRTH

County of CharlestonTownship of SumterInc. Town of Goff, S.C.City of Goff, S.C.

(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

3217

Registration District No. 109 Registered No. 48
(For use of Local Registrar)(No. RD 1) (St. 1) (Ward 1)(2) Full Name of Child Raymond Eugene Jolly

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age at Birth <u>1 yr.</u>	(7) DATE OF BIRTH <u>Feb 25 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Brint Eugene Jolly
(9) PRESENT POSTOFFICE OF FATHER Goff, S.C. RD 1
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)
(12) BIRTHPLACE Cleveland, C. W.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Maud Allen
(15) PRESENT POSTOFFICE OF MOTHER Goff, S.C. RD 1
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION Home wife
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born at 11:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) J. S. Pullum(23) State whether Physician or Midwife(24) Address of Physician or Midwife Goff, S.C.

Given name added from a supplemental report

Tracy H. Jolly 1923
Quinn Jolly 1923
Registrar

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

(26) Filed March 10 1923 (27) J. S. Pullum 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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WRITE PLAINLY. WITH INK—THIS IS A PERMANENT RECORD.
IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 8