

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 5

1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		20840	
Township of		Bureau of Vital Statistics			
or Inc. Town of <u>Piedmont</u>		State Board of Health			
or City of		Registration District No. <u>3, 13</u>		Registered No. <u>405</u>	
				(For use of Local Registrar)	
		GERARDINE		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 <u>Jessie Pool</u> If child is not yet named, make supplemental report as directed					
3) SEX OR GIRL? <u>Girl</u>		4) Twin or Triplet? <u>No</u>		5) Number in order of birth <u>1</u>	
		To be answered only in event of Twins or Triplets		6) Are Parents Married? <u>Yes</u>	
				7) DATE OF BIRTH <u>July 17, 1922</u>	
				Name of Month (Day) (Year)	
FATHER:			MOTHER:		
8) FULL NAME <u>J. H. Pool</u>			14) NAME BEFORE MARRIAGE <u>Bettie Baker</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Piedmont S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont S.C.</u>		
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>M.C.</u>		
13) OCCUPATION <u>Textile work</u>			19) OCCUPATION <u>Domestic</u>		
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>1:30</u> A.M., on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>J. H. Campbell</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Piedmont</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>July 17, 1922</u>		
Registrar			(28) <u>E. C. Fleming</u> 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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