

(1) PLACE OF BIRTH

County of Alameda
 Township of Wilkeson
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

131

Registration District No. 4605Registered No.
(For use of Local Registrar)

(2) Full Name of Child

Johnis Quinn (If child is not yet named, make supplemental report as directed)

(3) BOY OR

Boy

(4) Twin

or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in

order of birth

(6) Are

Parents

Married?

Yes

(7) DATE OF

BIRTH

Jan 3rd 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL

NAME

Myer Quinn

(9) PRESENT

POSTOFFICE

OF FATHER

(10) COLOR

OR

RACE

(12) BIRTHPLACE

Colonel

(11) AGE AT LAST

BIRTHDAY

43

(13) OCCUPATION

Farmer

(20) Number of children born to

mother, including present birth

6

MOTHER

(14) NAME BEFORE

MARRIAGE

Rachel Quinn

(15) PRESENT

POSTOFFICE

OF MOTHER

(16) COLOR

OR

RACE

(18) BIRTHPLACE

Colonel

(19) OCCUPATION

Housewife

(21) Number of children of this mother

now living, including present birth

(17) AGE AT LAST

BIRTHDAY

39

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 A.M.
 on the date above stated. (Born alive or dead) (Hour, A. M. or P. M.)

(23) (Signature)

Patience J. Williams

(24) State whether

Physician or Midwife

(25) Signature of Physician or Midwife

MidwifeBarton S.C.Given name added from a supplement-
tal report

(26) Witness

W. R. R. All(Signature of Witness necessary only
when question 22 is signed by mark)19
Registrar

(27) Filed

Jan 41922

(28)

J. A. Rouse

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.