

(1) PLACE OF BIRTH

County of Pickens  
 Township of Central  
 or  
 Inc. Town of  
 or  
 City of Leachman

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**31791**

Registration District No. 32 Registered No. 124  
 (For use of Local Registrar)

(2) Full Name of Child Francis Jewell (No. .... SL; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) ~~BOY OR~~ GIRL? (4) Twin Single or Triplet? (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9. 8. 22  
 (If child is not yet named, make supplemental report as directed)  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Edward Jewell  
 (9) PRESENT POSTOFFICE OF FATHER Leachman SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Carpenter

(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Maud Perkins  
 (15) PRESENT POSTOFFICE OF MOTHER Leachman SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Mother & Housekeeper

(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Physician W. W. Watkins

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

Given name added from a supplemental report

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

(27) Filed Sept 10. 22 (28) J. H. Bearden  
 Registrar 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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