

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg

Township of .....

Inc. Town of Orangeburg, S.C.

City of .....

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

(2) Full Name of Child Maggie Jamison

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Jamison  
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (12) BIRTHPLACE Orangeburg, S.C.  
 (13) OCCUPATION laborer  
 (20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Jennings  
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
 (Years)  
 (18) BIRTHPLACE Orangeburg, S.C.  
 (19) OCCUPATION domestic  
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. W. Green  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report  
 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed July 5, 1922 (28) W. H. Duke 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.