

(1) PLACE OF BIRTH

County of Jer

Township of

or Inc. Town of

or City of Jer

(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

1905

Registration District No. 20-A Registered No. 46

(For use of Local Registrar)

(No. 5 St. 5 Ward)(2) Full Name of Child Arthur Wyfall Corley If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE w

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE So.(13) OCCUPATION mechanic

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

(14) NAME BEFORE MARRIAGE Janice McVinish(15) PRESENT POSTOFFICE OF MOTHER Jer So(16) COLOR OR RACE w

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE So.(19) OCCUPATION Drummer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive 2:30 p.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Janice McVinish

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jer So

Given name added from a supplemental report

12/29/12, 191...M. G. WOODWARD, M.D.
Registrar

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

(27) Filed 29, 1916

(28)

C. C. Craft, M.D.
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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