

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

(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

Registration District No. 9 ANo. 3144Registered No. 219  
(For use of Local Registrar)(2) Full Name of Child Harold Jamison

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

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 22 1902  
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME <u>John T. Jamison</u>	(14) NAME BEFORE MARRIAGE <u>Anna E. Williams</u>		(14) NAME BEFORE MARRIAGE <u>Anna E. Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)		(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Charleston, S.C.</u>			(12) BIRTHPLACE <u>Charleston, S.C.</u>		
(13) OCCUPATION <u>A. C. S. Railroad</u>			(13) OCCUPATION <u>Chambermaid</u>		
(16) Number of children born to mother, including present birth <u>Five Children</u>			(17) Number of children of this mother now living, including present birth <u>5 Children</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was born alive at Charleston, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(19) (Signature) Charlotte Johnson  
(20) State whether Physician or Midwife Midwife (21) Address of Physician or Midwife # 5 Stone Court

Given name added from a supplemental report

(22) Witness (Signature of Witness necessary when question 21 is filled in) John H. D.  
(23) Filed 2/24 (24) 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.