

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

77445

(1) PLACE OF BIRTH
County of H. Hampton
Township of North
or
Inc. Town of Registration District No. 2400 Registered No. 66
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child, Jamie Lucile Youmans. 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 Aug. 18, 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME <u>B. A. Youmans</u>	(14) NAME BEFORE MARRIAGE <u>Jamie Madwin</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Chilli S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Estill S. C.</u>
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Hampton Co</u>	(18) BIRTHPLACE <u>Bamberg S. C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Johnnie P. Taylor, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9.1 1916. (28) H. E. Lockman 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.

MARGIN RESERVED FOR BINDING. WRITING WITH UNFADING INK—THIS IS A PERMANENT RECORD.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McChay. of Columbia.