

(1) PLACE OF BIRTH

County of Dillon

Township of

or

Inc. Town of

or

City of Dillon

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

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Sept 25 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jesse Correll

(9) PRESENT POSTOFFICE OF FATHER

Dillon SC

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Merchant - groceries

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Berk Blankenship

(15) PRESENT POSTOFFICE OF MOTHER

Dillon SC

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE

Va

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianDillon SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 14

1922

(28)

B. J. Williams

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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