

FILE OFFICE, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston
Township of Charleston
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41474

Registration District No. Registered No. 79
(For use of Local Registrar)

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

(2) Full Name of Child

Janna Robert Norman

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

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

FATHER.

(8) FULL NAME John F. Norman
(9) PRESENT POSTOFFICE OF FATHER Greener N.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Years)
(12) BIRTHPLACE North Carolina
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Joie F. Fitzgentry
(15) PRESENT POSTOFFICE OF MOTHER Greener N.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(Years)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION House wife
(21) 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 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Oates
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greener N.C.

Given name added from a supplemental report

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

(27) Filed Jan 9 1923 (28) J. H. M. ...
Registrar. 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.