Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41427

(1) PLACE OF BIRTH

County of Lee

Township of Mt. Elio

or

Inc. Town of .....

or

City of .....

Registration District No. 3004 Registered No. 29
(For use of Local Registrar)

(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 Sammy Jennings

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 event of Twins or Triplets

(5) Number in order of birth

(6) Is Parents Married? yes

(7) DATE OF BIRTH Dec 19 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Liza Jennings

(9) PRESENT POSTOFFICE OF FATHER Wysacky S C

(10) COLOR OR RACE negro.

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Lee Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Lisanson

(15) PRESENT POSTOFFICE OF MOTHER Wysacky S C

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Lee Co.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Nancy Rogers

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Charles S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 29 1923 (28) Newton Johnson
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.

WRITE PLAINLY. WITH INDIAN INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.