

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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 1.

MACAULAY & COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Gerrystown
Township of Hampton
OR
Inc. Town of.....
OR
City of.....

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only
34489

Registration District No. 2100 Registered No. 20
(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 Jessie Withers (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 Oct 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edace Withers
(9) PRESENT POSTOFFICE OF FATHER McLureville
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Year)
(12) BIRTHPLACE Burkely County
(13) OCCUPATION Common Laborer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Ford
(15) PRESENT POSTOFFICE OF MOTHER Gerrystown
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Year)
(18) BIRTHPLACE Gerrystown County
(19) OCCUPATION House work
(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 alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) River Gator (24) State whether Physician or Midwife Midwife (25) Address of Physic. or Midwife Gerrystown

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

19 Registrar

(27) Filed Oct 24 1922 (28) Oshtatun 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.