

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 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

16263

Registration District No. 3614 Registered No. 53
 (For use of Local Registrar)

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 Infant Fogle Jameson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 1 1932
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harley Dimerson
 (9) PRESENT POSTOFFICE OF FATHER Parlors 5 C
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 20
 (Years)
 (12) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Estell Fogle
 (15) PRESENT POSTOFFICE OF MOTHER Parlors 5 C
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE Orangeburg Co
 (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 alive at 4 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Belie Proffit
 (24) State whether Physician or Midwife mid wife (25) Address of Physic or Midwife Parlors 5 C

Given name added from a supplemental report

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

(27) Filed May 4 1932 (28) J. G. Dantley 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 UNFADING INK. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE PLAIN FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER NO. 2, ETC., IN QUESTION 8. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.