

LEAVE BLANK FOR EACH CHILD, and mark the
 No. 1 THE OTHER, No. 2, etc., in question 5.
 Medium of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Florence
 Township of Cartersville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 34.—For State Registrar Only

34372

Registration District No. 2002 Registered No. 34
 (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 Archie Junius Jossey

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes DATE OF BIRTH Oct 5 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Junius Jossey
 (9) PRESENT POSTOFFICE OF FATHER Cartersville
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Florence Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Maggie Black
 (15) PRESENT POSTOFFICE OF MOTHER Cartersville
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE Florence Co
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 5

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 P. M. or P. M.)

(23) (Signature) Sena Lee
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Cartersville

Given name added from a supplementary report

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

(27) Filed Oct 9 1922 (28) H. B. Pittman
 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.