

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Liberty  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Register Card  
**18843**

Registration District No. 3705 Registered No. 71  
 (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 Virginia Virginia Jolly If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) AGE AT LAST BIRTH June 18, 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Stephen Bobo Jolly  
 (9) PRESENT POSTOFFICE OF FATHER Liberty S.C.R. 3  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35  
 (12) BIRTHPLACE Cherokee Co. S.C.  
 (13) OCCUPATION Farming

MOTHER.  
 (14) NAME BEFORE MARRIAGE Annie Bell Young  
 (15) PRESENT POSTOFFICE OF MOTHER Liberty S.C.R. 3  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26  
 (18) BIRTHPLACE Rabun Co. Ga.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was Alive but deformed on the date above stated. (23) (Signature) W. A. Shelton M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty, S.C.

(Given name added from a supplemental report)

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

(27) Filed July 8, 1923 (28) John T. Ross 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.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

FORM NO. 1. THE OTHER, No. 2, etc., in question 3.

Revised by Columbia, Columbia, S. C.