

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.

(1) PLACE OF BIRTH

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 3705 Registered No. 71  
(For use of Local Registrar)

File No.—For State Registrar Only  
**19836**

(2) Full Name of Child Unnamed Premature boy

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 June 2, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jeff Jamison  
(9) PRESENT POSTOFFICE OF FATHER Liberty S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Pickens Co S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Blasingame  
(15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Pickens Co. S.C.  
(19) OCCUPATION Domestic  
(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 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Sheldon M.D. (24) State whether Physician or Midwife Physician (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, 1922. (28) John T. Boyce 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.

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.

MADE AT COLUMBIA, SOUTH CAROLINA, S. C.