

(1) PLACE OF BIRTH

County of SumterTownship of Shiloh

Inc. Town of

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

File No. — For State Registrar Only

66457

Registration District No. 4-107 Registered No. 63

(For use of Local Registrar)

2) Full Name of Child Mamie E. Jolly If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>June 19</u>
To be answered only in case of Twin or Triplet			(Name of Month) (Day) (Year)	

FATHER		MOTHER	
(6) FULL NAME <u>Plant Jolie</u>	(14) NAME BEFORE MARRIAGE <u>Jamie Moore</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Lynchburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lynchburg</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>
(12) BIRTHPLACE <u>Florence Co</u>	(18) BIRTHPLACE <u>Sumter Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housekeeper</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane M. McElwain(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lynchburg

Given name added from a supplemental report

(26) Witness Pleasant Jolly (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6-27-14 (28) J. B. McElwain 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.

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Form No. 10.  
 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.

MacGowan, of Columbia