

(1) PLACE OF BIRTH

County of Saluda
 Township of
 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.)

(2) Full Name of Child Jamus Ebo

File No.—For State Registrar Only
32060

Registration District No. 3904 Registered No. 45
 (For use of Local Registrar)

(3) BOY OR GIRL boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22 1922
 To be answered only in event of Twins or Triplets (If child is not yet named, make supplemental report as directed)

FATHER.
 (8) FULL NAME Watt Ebo
 (9) PRESENT POSTOFFICE OF FATHER Saluda
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Ada M. Bugg
 (15) PRESENT POSTOFFICE OF MOTHER Saluda
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 12 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (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 born alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. Anderson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 2 1922 (28) D. J. Jester 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.