

PLACE OF BIRTH

City of Edgefield
 County of Blocher
 Township of
 or
 Town of
 or
 or
 (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

30010

Registration District No. 1801 Registered No. 19
 (For use of Local Registrar)

(No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Jessie Lee Cuyt If child is not yet named, make supplemental report as directed

BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 3 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(14) NAME BEFORE MARRIAGE	<u>Johnnie Cuyt</u>	(14) NAME BEFORE MARRIAGE	<u>Sallie Walton</u>
(15) PRESENT POSTOFFICE OF FATHER	<u>Pearson Lane SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Pearson Lane SC</u>
(16) COLOR OR RACE	<u>colord</u>	(16) COLOR OR RACE	<u>colord</u>
(11) AGE AT LAST BIRTHDAY	<u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>26</u> (Years)
(18) BIRTHPLACE	<u>SC</u>	(18) BIRTHPLACE	<u>SC</u>
(19) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>House wife</u>
(20) Number of children born to father, including present birth	<u>X</u>	(21) Number of children of this mother now living, including present birth	<u>X</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 a M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Gymalioe Walth
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Pearson Lane SC

Name added from a supplemental report

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

(27) Filed Sept 18 22 (28) Local Registrar

19 Registrar

If 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.