

PLACE OF BIRTH

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

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

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

FATHER

FULL NAME Johnnie Cuyt

PRESENT POSTOFFICE OF FATHER Pearson Lane SC

COLOR OR RACE colord (11) AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE SC

OCCUPATION Farmer

Number of children born to father, including present birth X

MOTHER

(14) NAME BEFORE MARRIAGE Sallie Walton

(15) PRESENT POSTOFFICE OF MOTHER Pearson Lane SC

(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth X

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annalia Wath
(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) W.H. Local 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.

Ward) make octed 2 86 M. P. M. midwife 86