Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg

Township of Fair Bluff

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

File No.—For State Registrar Only
16242

Registration District No. 3612 Registered No. 42
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Ethelie Jameson

If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 5/11 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo Jameson

(9) PRESENT POSTOFFICE OF FATHER Bruinsville S C

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Ala Co

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Verbena Thomas

(15) PRESENT POSTOFFICE OF MOTHER Bruinsville S C

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Ala Co

(19) OCCUPATION Domestic

(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 alive (Born alive or stillborn) at 5 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Adelia Funch

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Bruinsville S C

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed ..... 19 ..... (28) ..... 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

N. B.—In case of stillbirth, write "Stillborn" across face of this form.

McCAW OF COLUMBIA, COLUMBIA, S. C.