

(1) PLACE OF BIRTH

County of OconeeTownship of Waynesor
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

19624

Registration District No. 3406 Registered No. 70
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make
supplemental report as directed3) 2 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 11, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Dock Jamno9) PRESENT POSTOFFICE OF FATHER Wachula S.C.10) COLOR OR RACE Col. 11) AGE AT LAST BIRTHDAY 26
(Year)12) BIRTHPLACE Oconee Co S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Dorie Cobb15) PRESENT POSTOFFICE OF MOTHER Wachula S.C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 30
(Year)18) BIRTHPLACE Oconee Co S.C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born at 3 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John H. McNeil(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wachula S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) July 10, 1922 (28) Ph. Miller
Registrar 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.