

(1) PLACE OF BIRTH

County of Lee
 Township of Pynechburg
 or
 Inc. Town of
 or
 City of Pynechburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

4840

Registration District No. 3002 Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child Lonley Rochelle Jolley (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
 If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Jan 15 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Geo E. Jolley
 9) PRESENT POSTOFFICE OF FATHER Pynechburg
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 28 (Year)
 12) BIRTHPLACE Ga
 13) OCCUPATION Merchant
 20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Mary Hutto
 15) PRESENT POSTOFFICE OF MOTHER Pynechburg SC
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 23 (Year)
 18) BIRTHPLACE SC
 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 Alice at 3 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician O'Hagan
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pynechburg SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2/22 19 22 (28) J. F. McIntosh 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.

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