

(1) PLACE OF BIRTH

County of Union
 Township of Jamesville
 Inc. Town of Jamesville
 or
 City of Jeffers

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

File No.—For State Registrar Only

13132

Registration District No. 4204 Registered No. 221
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. Jeffers St. 22 Ward)

(2) Full Name of Child

Fuller Mary Thelma

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)
June 22 1922

FATHER.

(8) FULL NAME

Richard D. Hill

(9) PRESENT POSTOFFICE OF FATHER

Jamesville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

Jamesville S.C.

(13) OCCUPATION

Farming

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

1/7

MOTHER.

(14) NAME BEFORE MARRIAGE

Pearl Jeffers

(15) PRESENT POSTOFFICE OF MOTHER

Jamesville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE

Jamesville S.C.

(19) OCCUPATION

Farming

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

1/2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Harn Jennie M. Wife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed

19

(28)

Geo. L. Mark

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.

Registrar

Local Registrar.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.

RECEIVED