

MAILED - RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

McGraw-Hill, COLUMBIA, S. C.

(1) PLACE OF BIRTH				<b>CERTIFICATE OF BIRTH</b>		File No.—For State Registrar Only	
County of <u>Lee Co.</u>				STATE OF SOUTH CAROLINA		15703	
Township of <u>Jama</u>				Bureau of Vital Statistics		State Board of Health	
or Inc. Town of.....				Registration District No. <u>3004</u>		Registered No. <u>34</u>	
or City of <u>Bishopville</u>				(No. .... St.; .... Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)							
(2) Full Name of Child <u>Jean C. Atkinson</u>				If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>		(4) Twin or Triplet? <u>one</u>		(5) Number in order of birth <u>one</u>		(6) Are Parents Married? <u>yes</u>	
To be answered only in event of Twins or Triplets		(7) DATE OF BIRTH <u>Jan 20, 1922</u>		(Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>Jahoe Atkinson</u>				(14) NAME BEFORE MARRIAGE <u>Mazener W. Sanford</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Bishopville S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)		(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>				(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Long Labor</u>				(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>2</u>				(21) Number of children of this mother now living, including present birth <u>2</u>			
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>							
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)							
(23) (Signature) <u>W. C. Harrell</u>				(24) State whether Physician or Midwife			
(25) Address of Physician or Midwife <u>Bishopville S.C.</u>				(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)			
Given name added from a supplemental report				(27) Filed <u>May 3, 1922</u>			
19 .....				(28) <u>Estelle Outlaw</u> 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.