

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.

(1) PLACE OF BIRTH

County of Chas. S. C.
Township of "
or
Inc. Town of "
or
City of Chas. S. C.
(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
41320

Registration District No. 9. A. Registered No. 1979
(For use of Local Registrar)

(2) Full Name of Child Elenna Jimmone (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 11, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Jimmone
(9) PRESENT POSTOFFICE OF FATHER Chas. S. C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29
(Years)
(12) BIRTHPLACE James Isld.
(13) OCCUPATION Carpenter
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Bertha Grant
(15) PRESENT POSTOFFICE OF MOTHER Chas. S. C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23
(Years)
(18) BIRTHPLACE James Isld.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:45 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Bryant
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 115 Short St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed in ink) James Grant

(27) Filed 12/14/22 (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.