

(1) PLACE OF BIRTH

County of Cherokee
Township of Goodysville
or
Inc. Town of.....
or
City of.....

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

Registration District No. 1002

File No.—For State Registrar Only

41480

Registered No. 63
(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

John W. Jamison

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

(3) BOY OR GIRL boy (4) Twin or Triplet? - (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 31 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frazer Jamison
(9) PRESENT POSTOFFICE OF FATHER Wilksville
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
(Year) (12) BIRTHPLACE Union Co
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Celwolds
(15) PRESENT POSTOFFICE OF MOTHER Wilksville SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
(Year) (18) BIRTHPLACE Cherokee
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... Alive..... at 830 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Celwolds

(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)

Sam J. Strain

(27) Date Jan 3 1923

(28) Sam J. Strain
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 be reported as stillborn. No report is desired of stillbirths before the ninth month of pregnancy.