

(1) PLACE OF BIRTH

County of WilliamsTownship of Hamlet

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3049

In Town of Registration District No. 30 Registered No. 78
(For use of Local Registrar)

(3) If born in a hospital or other institution, give name of same instead of street and number. St.: Ward:

(2) Full Name of Child Jessie Augustine Mc If child is not yet named, make supplemental report as directed(4) Boy or Girl Boy (5) Twin or triplet? No (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 31, 1922
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Augustus Cyp(8) PRESENT POSTOFFICE OF FATHER Home & Path 55(9) COLOR White (10) AGE AT LAST BIRTHDAY 44 (Year)(11) BIRTHPLACE S.C.(12) OCCUPATION Lawyer(13) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Wendie Cyp(15) PRESENT POSTOFFICE OF MOTHER Home Path 55(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) E. A. Williams(23) State whether Physician or Midwife: (24) Address of Physician or Midwife Home Path 55

Given name added from a supplemental report

10-30 1912M. B. Williams Registrar

(25) Witness (Signature of Witness necessary only when Question 23 is signed by mark)

E. A. Williams 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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