

(1) PLACE OF BIRTH

County of Florence  
Township of Effingham  
Inc. Town of \_\_\_\_\_  
City of \_\_\_\_\_  
(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  
**49045**

Registration District No. 2004 Registered No. 5  
(For use of Local Registrar)  
St.; \_\_\_\_\_ Ward

(2) Full Name of Child. Jollie Brown } 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 \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE BIRTH Feb 9 1945  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Jollie Brown  
(9) PRESENT POSTOFFICE OF FATHER Effingham SS  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Former  
(13) OCCUPATION \_\_\_\_\_  
(20) Number of children born to mother, including present birth 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Louise Cummings  
(15) PRESENT POSTOFFICE OF MOTHER \_\_\_\_\_  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE \_\_\_\_\_  
(19) OCCUPATION \_\_\_\_\_  
(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 9 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) C. H. Jewell  
(24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_  
191...  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) \_\_\_\_\_  
(27) Filed Feb 15 1945 (28) St Hill 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.

\_\_\_\_\_ MONTH OF PREGNANCY

FORM NO. 20, REVISED 1943. PRINTED AT THE STATE PRINTING OFFICE, COLUMBIA, S. C. THIS OFFICE, NO. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.