

## (1) PLACE OF BIRTH

County of OrangeburgTownship of MiddleOR  
Inc. Town of .....OR  
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

4900

Registration District No. 3620 Registered No. 10  
(For use of Local Registrar)(2) Full Name of Child Jerome Rush (If child is not yet named, make supplemental report as directed)

|                            |   |                              |                                     |   |
|----------------------------|---|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet<br>To be answered only in case of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Feb. 8, 1923</u><br>(Name of Month) (Day) (Year) |
|----------------------------|---|------------------------------|-------------------------------------|---|

| FATHER.   |  | MOTHER.  |   |
|---|--|--|---|
| (8) FULL NAME <u>Sidney Rush</u>  | (14) NAME BEFORE MARRIAGE <u>Eliza Whetzel</u>   | (9) PRESENT POSTOFFICE OF FATHER <u>Bowman, S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Bowman, S.C.</u> |
| (10) COLOR OR RACE <u>Colored</u>   | (11) AGE AT LAST BIRTHDAY <u>28</u><br>(Years)   | (16) COLOR OR RACE <u>Colored</u>                    | (17) AGE AT LAST BIRTHDAY <u>22</u><br>(Years)        |
| (12) BIRTHPLACE <u>Orangeburg Co.</u>                                       | (18) OCCUPATION <u>Laborer</u>   | (19) BIRTHPLACE <u>Orangeburg Co.</u>                | (20) OCCUPATION <u>Housewife</u>                      |
| (21) Number of children born to mother, including present birth <u>five</u> | (22) Number of children of this mother now living, including present birth <u>five</u> |  |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

|  |  |
|--|--|
| (24) (Signature) <u>Mary Anne Johnson</u>              | (25) Address of Physician or Midwife <u>Bowman, S.C.</u> |
| (26) State whether Physician or Midwife <u>Midwife</u> |  |

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(29) Filed 3/9/23 (30) M. L. H. H. Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child be born once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

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