

PLACE OF BIRTH

City of Calhoun
 Township of Lawson
 or
 Town of _____
 or
 of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only

29/23-a

Registration District No. 821 Registered No. _____
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

FULL NAME OF CHILD Rosa Lee Hook { If child is not yet named, make supplemental report as directed.

3. SEX OF CHILD girl 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married? yes 7. DATE OF BIRTH Sept 12, 1922
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME John Hook
 9. PRESENT POSTOFFICE OF FATHER Jamison
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 21 (Years)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Farmer and
 14. Number of children born to mother, including present birth { 1

MOTHER

14. NAME BEFORE MARRIAGE Mellie Daniels
 15. PRESENT POSTOFFICE OF MOTHER Jamison
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 19 (Years)
 18. BIRTHPLACE S.C.
 19. OCCUPATION Farmer and
 20. Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

23. Signature Fannie Randolph
 24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife _____

Elizabeth Hook, is informant
Jamison S.C. Rt 1

26. Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)

27. Filed _____ 19 _____ 28. _____ Local Registrar

Name added from a supplemental report _____, 192 _____
 Registrar

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

Registrar Only

Extra-)

..Ward)

ed, make directed

1922 (Year)

son

no

J.L.

(Years)

d

70 B.M.

or P.M.)

Midwife

J.L.

Registrar

return.

b.