

McCaw, of Columbia
 N. B.—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.
 WRITE PLAINLY, WITH FADING INK—THIS IS A PERSISTENT RECORD.
 MAILED—RESERVED FOR BINDING.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Normal
 or
 Inc. Town of Sumter
 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
50873

(2) Full Name of Child Josueway Albert Jameson

(3) BOY OR GIRL Boy (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 11, 1925
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William M Jameson
 (9) PRESENT POSTOFFICE OF FATHER Normal Path S.E.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Anderson Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Katherine Callahan
 (15) PRESENT POSTOFFICE OF MOTHER Normal Path S.E.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Abbeville Co
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Alive at 2:45 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. F. Shreeve
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Normal Path S.E.

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 July 11, 1925 (28) D. W. Jameson 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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