

See also No. 28958-a

1. PLACE OF BIRTH County of <u>Barnwell</u> Township of <u>Richland</u> or Inc. Town of <u>Bumbar</u> or City of _____		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>510</u>		FILE No.—For State Registrar Only <u>28980-B</u>	
2. FULL NAME OF CHILD <u>Jessie Middleton</u>		(No. _____ St. _____ Ward _____)		Registered No. _____	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)		(If child is not yet named, make supplemental report as directed.)			
3. Boy <input checked="" type="checkbox"/> Girl <input type="checkbox"/> If Plural births _____	4. Twin, triplet, or other _____	5. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept 26, 22</u>	
5. Number, in order of birth <u>1st</u> Full term _____					
9. Full name <u>Jessie Middleton</u> FATHER		18. Full maiden name <u>Jessie Middleton</u> MOTHER			
10. Residence (usual place of abode) <u>Bumbar</u> (If nonresident, give place and State)		19. Residence (usual place of abode) <u>Bumbar</u> (If non-resident, give place and State)			
11. Color or race <u>col</u>	12. Age at last birthday <u>1</u> (years)	20. Color or race <u>col</u>	21. Age at last birthday <u>1</u> (years)		
13. Birthplace (city or place) <u>Barnwell SC</u> (State or country)		22. Birthplace (city or place) <u>Barnwell SC</u> (State or country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>preacher</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>housewife</u>			
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____	
26. Total time (years) spent in this work _____					
27. Number of children of this mother (At time of this birth and including this child) _____		(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____			
28. If stillborn, period of gestation _____ { months _____ weeks _____		29. Cause of stillbirth _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) Manday Middleton M. D.
or _____ Midwife
Address Bumbar SC

Filed _____, 19 mar 1923

Registrar.