

(1) PLACE OF BIRTH

County of OrangeburgTownship of Union

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State House of Representatives

Registration District No. 3616No. 38021Registered No. 86
(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.)

(2) Full Name of Child unnamed

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Yrs (7) DATE OF BIRTH Oct 22, 1922
(Name of Month) (Day) (Year)(8) FATHER'S FULL NAME Samuel J. Jernigan(9) PRESENT POSTOFFICE OF FATHER Don't know(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35
(Year)(12) BIRTHPLACE Orangeburg Co(13) OCCUPATION Don't know

(20) Number of children born to mother, including present birth

(14) MOTHER'S NAME BEFORE MARRIAGE Meta Lou Mack(15) PRESENT POSTOFFICE OF MOTHER Cope, SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE Orangeburg Co(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M.
on the date above stated. (Born alive or stillborn) (Hour, Day, or P. M.)(23) (Signature) Louise A. Parker(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cope, SC

Given name added from a supplemental report

(26) Signature of Witness necessary only when question 25 is signed for (27) Date Oct 24, 1922(28) Signature of Local Registrar R. K. Hecox

*When there was no attending physician or midwife, the report should be made by the mother or a witness. If a child breathes even once, the report is deemed of value.

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