

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

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of YorkTownship of Brook River

Inc. Town of

or

City of

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

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75217

Registration District No. 4407Registered No. 45

(For use of Local Registrar)

(2) Full Name of Child Sam Jonison { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 18</u> 191 <u>6</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER.		MOTHER.	
(8) FULL NAME <u>Charlie Jonison</u>	(14) NAME BEFORE MARRIAGE <u>Annie Jonison</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Hickory Grove</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hickory Grove</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>York Co</u>	(18) BIRTHPLACE <u>York Co</u>	(19) OCCUPATION <u>Farmhand</u>	(20) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth { <u>1</u>	(21) Number of children of this mother now living, including present birth { <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hetsie Morgan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Hickory Grove

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 Aug 21 191... (28) C. H. Kirby 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.