

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.

(1) PLACE OF BIRTH

County of Newberry

Township of Thurman

OR
Inc. Town of

OR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

43841

Registration District No. 9407

Registered No. 64
(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 Lilli Ellen Jessie If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mark Jessie

(9) PRESENT POSTOFFICE OF FATHER Chapinville S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Rail Road

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Orie Farnum

(15) PRESENT POSTOFFICE OF MOTHER Chapinville S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chapinville S.C.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chapinville S.C.

Given name added from a supplemental report

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

(27) Filed Dec 9, 1922 (28) J. L. Tolson 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.