

PLACE OF BIRTH

County of Florence

Township of

or
City, Town ofor
Day of Florence (No. 120 Dix on St)

(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

No. 12- for State Registrar

28261

Registration District No. 7.0.7Registered No. 3.0.4

(For use of Local Registrar)

(2) Full Name of Child

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

1. SEX OR CHILD <u>girl</u>	2. Type or Triplet <u>X</u> To be checked only in event of Twin or Triplet	3. Number in order of birth <u>X</u>	4. Age Parents Married <u>yes</u>	5. DATE OF BIRTH <u>9/20/22</u> (Name of Month) <u>Sept</u>
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FATHER.

MOTHER.

6. FULL NAME Jessie James

7. PRESENT POSTOFFICE OF FATHER Florence, S.C.

8. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Year)

9. BIRTHPLACE Sumter Co., S.C.

10. OCCUPATION Electrician

11. Number of children born to mother, including present birth 13

12. NAME BEFORE MARRIAGE Lucile Binnicker

13. PRESENT POSTOFFICE OF MOTHER Florence, S.C.

14. COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Year)

15. BIRTHPLACE Orangeburg, S.C.

16. OCCUPATION Housewife

17. Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(19) (Signature) C. M. Hicks, M.D.

(20) State whether Physician or Midwife Physician

(21) Address of Physician or Midwife Florence, S.C.

Given name added from a supplemental report

(22) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(23) Filed 9-27-22 (24) P. H. Bushaw, U.D. 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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