

Form No. 1

(1) PLACE OF BIRTH

County of BarnwellTownship of Gaspersburgor
Inc. Town of Oklaor
City of Okla

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13748

Registration District No. 5-07Registered No. 10
(For use of Local Registrar)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 Not Named

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

(3) BOY OR GIRL Boy (4) Twin or Triplet
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

5/11/1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Arthur Jaynes(9) PRESENT POSTOFFICE OF FATHER Okla(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Okla(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Litha May Giselle(15) PRESENT POSTOFFICE OF MOTHER Okla(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Okla(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Shore at 3 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
May 11
(23) (Signature) Chas J P

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Okla

Given name added from a supplemental report

(26) Witness

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

(27) Date 6/11/1922

(28) Local Registrar

If 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 sixth month of pregnancy.