

1) PLACE OF BIRTH

County of Calhoun
 Township of Lyons
 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

3082

Registration District No. 80 2Registered No. 16
(For use of Local Registrar)

(No.) (Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Yvonne Jimerson
 If child is not yet named, make supplemental report as directed

1) SEX Girl
 2) Twin or Triplet
 3) Number in order of birth 1
 To be answered only in event of Twin or Triplet

4) Are Parents Married yes
 5) DATE OF BIRTH 2 15 1923
 Name of Month (Day) (Year)

FATHER.

1) FULL NAME Wm Jimerson
 2) PRESENT POSTOFFICE OF FATHER Ellora 3
 10) COLOR OR RACE Colard (11) AGE AT LAST BIRTHDAY 25
 12) BIRTHPLACE Ellora
 13) OCCUPATION Yarns Boy
 17) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Ellora Williams
 15) PRESENT POSTOFFICE OF MOTHER Ellora
 16) COLOR OR RACE Colard (17) AGE AT LAST BIRTHDAY 23
 18) BIRTHPLACE Ellora
 19) OCCUPATION Hous. wife
 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:45 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amos Signer
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ellora

(26) Given name added from a supplemental report

(27) Witness Wm. Smith
 (Signature of Witness necessary only when question 24 is signed by mark)(28) 2.2.2 (29) W. H. Kella

*When there was no attending physician or midwife, the birth should be reported by the mother or a relative.
 If a child breathes even once, it is a live birth.

ADDITIONAL REMARKS FOR STATE REGISTRAR:
 WHEN A CHILD IS BORN IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER.
 IF CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT AS DIRECTED.
 NO. 1. TIME OF BIRTH, No. 2. etc. in question 5.