

Form No. 1

(1) PLACE OF BIRTH

County of Malboro
 Township of Bennettsville
 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
39394

Registration District No. 3901 Registered No. 160
 (For use of Local Registrar)

City of..... (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 Gene Jimmumman (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 Nov. 3, 1927
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ow Jimmumman(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Malboro, Co., S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Jimmumman(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Malboro, Co., S.C.(19) OCCUPATION Housewife(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 alive at 9 a. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Addie Lott(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bennettsville, S.C.

Given name added from a supplemental report

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

(27) File Nov. 3, 1927 or Mr. H. W. Pat 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.