

MARGIN REMOVED FOR BINDING  
WHITE 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 6.

(1) PLACE OF BIRTH

County of Lexington  
Township of Platt Springs  
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

19400

Registration District No. #3110 Registered No. 14  
(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 John Davis Jupiter If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy 4) Twin or Triplet? L 5) Number in order of birth L 6) Are Parents Married? No 7) DATE OF BIRTH June 20 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME L  
9) PRESENT POSTOFFICE OF FATHER L  
10) COLOR OR RACE L 11) AGE AT LAST BIRTHDAY L (Years)  
12) BIRTHPLACE L  
13) OCCUPATION L

MOTHER.

14) NAME BEFORE MARRIAGE Christena Jupiter  
15) PRESENT POSTOFFICE OF MOTHER Gaston  
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 17 (Years)  
18) BIRTHPLACE Domestic  
19) OCCUPATION Domestic

20) Number of children born to mother, including present birth 2 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Jupiter (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaston

Given name added from a supplemental report

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

(27) Filed June 21 1922 (28) Mr. J. C. Fallam 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.