

## (1) PLACE OF BIRTH

County of Union  
 Township of Jonesville  
 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

36663

Registration District No. 4204 Registered No. 28  
 (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 Edell Venson

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 Sept 1 1922  
 (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Timmy Venson  
 (9) PRESENT POSTOFFICE OF FATHER Jonesville  
 (10) COLOR OR RACE Wh (11) AGE AT LAST BIRTHDAY 29  
 (Year) .....  
 (12) BIRTHPLACE Union Co  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Jonesville  
 (16) COLOR OR RACE Wh (17) AGE AT LAST BIRTHDAY 28  
 (Year) .....  
 (18) BIRTHPLACE Union Co  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (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 12 P.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Timmy Venson Father  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 9 1922 (28) Ed P. Mass  
 Registrar 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.