

Form No. 1

(1) PLACE OF BIRTH

County of

Cecundale

Township of

11

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

13466

Registration District No. 46

Registered No. 45

(For use of Local Registrar)

(2) Full Name of Child Lizzie Jemerson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is named, make supplemental report as directed

3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH May 29, 22 (Name of Month) (Day) (Year)

FATHER FULL NAME Theodore Young

PRESENT POSTOFFICE OF FATHER Cecundale SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Saw Mill Hand

(20) Number of children born to mother, including present birth 2

MOTHER FULL NAME Lizzie Jemerson

(14) NAME BEFORE MARRIAGE Lizzie Jemerson

(15) PRESENT POSTOFFICE OF MOTHER Cecundale SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Laundry work

(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 alive at 5 a. m. on the date above stated.

(23) (Signature) Oler Priestner

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cecundale SC

(26) Witness F. H. Boyd

(27) Signed May 31, 1922 (28) 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.

PRINT-BORN, No. 3, THIS OTHER, No. 2, etc., in question 3.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.