

## (1) PLACE OF BIRTH

County of KershawTownship of Diklehor  
Inc. Town of .....or  
City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar's Use

30851

Registration District No. 44Registered No. 66

(For use of Local Registrar)

(No. of Ward)

(2) Full Name of Child Jay Gladstone Norton

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER

(1) FULL NAME Asen Ruth Norton(2) PRESENT POSTOFFICE OF FATHER Columbia S.C.(3) COLOR OR RACE W. (4) AGE AT LAST BIRTHDAY 21 (Years)(5) BIRTHPLACE Kershaw Co.(6) OCCUPATION Farmer(7) Number of children born to mother, including present birth 1

## MOTHER

(1) NAME BEFORE MARRIAGE Bessie McFarland

(2) PRESENT POSTOFFICE OF MOTHER

(3) COLOR OR RACE W. (4) AGE AT LAST BIRTHDAY 22 (Years)(5) BIRTHPLACE Sumter Co.(6) OCCUPATION Housewife(7) 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 2:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Paul A. West

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

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by Registrar)

(27) Filed Oct 1 1927 (28) B. Nelson 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.

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