

(1) PLACE OF BIRTH

County of Knockout
 Township of Morgan
 or
 Loc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 11-For State Registrar Only

30516

Registration District No. 43A Registered No. 54
 (For use of Local Registrar)

(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 Elmer H. J. J. J. If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 21 1923
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Hermon H. J. J.

(9) PRESENT POSTOFFICE OF FATHER Cash SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)

(12) BIRTHPLACE Tarleton

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth J. J.

(15) PRESENT POSTOFFICE OF MOTHER Cash SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 2 (Year)

(18) BIRTHPLACE Hamberg

(19) OCCUPATION Housekeeping

(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Wm. J. J. (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Hamberg

Given name added from a supplemental report

Thomas

Oct 1 1923

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

(26) Filed Oct 2 1923 (27) J. J. J. Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.