

(1) PLACE OF BIRTH

County of Orange
Township of Center
or
Inc. Town of.....
or
City of.....
(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 Only

23330

Registration District No. 3600

Registered No. PH
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 25 19 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME J. Burr Jannery

(14) NAME BEFORE MARRIAGE Irene Bennett

(9) PRESENT POSTOFFICE OF FATHER Westminster S.C. Rt. 2

(15) PRESENT POSTOFFICE OF MOTHER Same

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE Orange Co.

(18) BIRTHPLACE Orange

(13) OCCUPATION Farmer

(19) OCCUPATION House wife

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

(21) Number of children of this mother now living, including present birth Third

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:59 P. M., on the date above stated. (Born alive or stillborn) (Hour and Part of P. M.)

(23) (Signature) J. C. Simpson M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Westminster S.C.

Given name added from a supplemental report

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

(27) Filed July 11 19 22 (28) A. P. Martin 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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MARGIN RESERVED FOR FOLDING
WHEN PLACED WITH DEPARTMENT OF HEALTH AND HUMAN SERVICES
N. P. 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
MICHIGAN OF COLUMBIA, COLUMBIA, S. C.