

THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens
Township of Casley
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
31823

Registration District No 37.0.2 Registered No. 67
(For use of Local Registrar)
St. Ward

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William W. Jennings
(9) PRESENT POSTOFFICE OF FATHER Casley, R # 2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmers

MOTHER.
(14) NAME BEFORE MARRIAGE Mauda Leslie
(15) PRESENT POSTOFFICE OF MOTHER Casley R # 2
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Bolt
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Casley

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) J. H. Wyatt
(27) Filed Oct 7 1922 (28) J. H. Wyatt 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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