

(1) PLACE OF BIRTH

County of HamptonTownship of Peoplesor
Inc. Town of Hamptonor
City of Hampton

(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

52562

Registration District No. 700 Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child David Margaret Jarley

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

(3) BOY OR GIRL? Boy(4) Twin Single or Triplet?(5) Number in order of birth 7th(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 9th 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Aswell Haas Jarley(9) PRESENT POSTOFFICE OF FATHER Hampton SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Colleton Co. S.C.(13) OCCUPATION Saw Mill Foreman(20) Number of children born to mother, including present birth 7th

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Wells(15) PRESENT POSTOFFICE OF MOTHER Hampton SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Hampton Co SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. R. H. Smith

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

Given name added from a supplemental report

Sept. 11, 1916Dr. R. H. Smith Registrar

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

(27) Filed 3/14 1916 (28) Dr. Rogers 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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MARGEN RESERVE FOR BIRTHING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. H.—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. M. H. Registrar of Columbia