

## (1) PLACE OF BIRTH

County of Newberry  
 Township of # 4  
 or  
 Inc. Town of Whitman  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35718

Registration District No. 3402 Registered No. 122  
 (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

James A. Joiner

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  
2

(6) Are Parents Married?  
Yes

(7) DATE OF

BIRTH Oct 31 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Joiner

(9) PRESENT POSTOFFICE OF FATHER Whitman SC

(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 38  
 (Year)

(12) BIRTHPLACE Newberry Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Johnson

(15) PRESENT POSTOFFICE OF MOTHER Whitman SC

(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 38  
 (Year)

(18) BIRTHPLACE Newberry Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Joiner

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Whitman SC

Given name added from a supplemental report

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

(27) Filed Nov 21 22 (28) R. M. Duckett 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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

Medium of Columbia, Columbia, S. C.