

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia S.C.(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 382 Registered No. 2
(For use of Local Registrar)(2) Full Name of Child James Middleton Lavelle

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

(3) BOY OR GIRL
Boy(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

Jan 11 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Brice Walker Lavelle(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION General Insurance

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Middleton(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE Charles ton, S.C.(19) OCCUPATION Housewife

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

Three

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) The undersigned

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by male)(27) Filed Jan 15 1922 (28) W. H. H. H. 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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