

(1) PLACE OF BIRTH

County of Union

Township of .....

or

Inc. Town of .....

or

City of Union

(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

Registration District No. 49 A

File No. for State Registrar Only

2578

Registered No. 113

(For use of Local Registrar)

(2) Full Name of Child Wm. M. James Jr.

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

July 22

FATHER  
(8) FULL NAME Wm. M. James

(9) PRESENT POSTOFFICE OF FATHER Union SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Union Co SC

(13) OCCUPATION Brother Picture

(20) Number of children born to mother, including present birth 1

MOTHER  
(14) NAME BEFORE MARRIAGE Bertha M. Jones

(15) PRESENT POSTOFFICE OF MOTHER Union SC

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE Union Co SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour 11:50 M. or P. M.) on the date above stated.

(23) (Signature) V. J. Montague

(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 mark)

(27) Filed 3 10 1923 (28) 2578 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