

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

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

File No.—For State Registrar Only
40732

(1) PLACE OF BIRTH
 County of Anderson
 Township of Anderson
 or
 Inc. Town of.....
 or
 City of Anderson (No. 612 Blackly 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 Harold McComb If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL GIRL (4) Twin or Triplet? No (5) Number in order of birth 39 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 2, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME P. Sloan McComb
 (9) PRESENT POSTOFFICE OF FATHER Anderson
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE And Co Lb
 (13) OCCUPATION Salesman
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Craft
 (15) PRESENT POSTOFFICE OF MOTHER Anderson
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Talberton Ga
 (19) OCCUPATION Housewife
 (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 6:05 P. M. on the date above stated.
 (Born alive or stillborn) (Hour and M. on P. M.)

(23) (Signature) A. E. Crayton
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
E. B. CRAYTON,
 Registrar

(27) Filed 19 .. (28) **ANDERSON**

*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.