

(1) PLACE OF BIRTH

County of GreeneTownship of LeicesterInc. Town of LondonCity of London

(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

45774

Registration District No. 1106Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child James H. Hallman

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 30 '06

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James E. Shaw(14) NAME BEFORE MARRIAGE Alice Mitchell(9) PRESENT POSTOFFICE OF FATHER London S.C.(15) PRESENT POSTOFFICE OF MOTHER London S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39 (Years)(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE N. C.(18) BIRTHPLACE N. C.(13) OCCUPATION mill operator(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10-6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Gust(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife London S.C.

Given name added from a supplemental report

June 28, 1916J. H. Gust Registrar

(26) Witness

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

(27) Filed 1/31/1916(28) J. H. Gust

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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