

PLACE OF BIRTH

County of Marion
 Township of Reaves

or
 In Town of

City of

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

Registration District No. 2205

No. for State Registrar Only
29304

Registered No. 80
 (For use of Local Registrar)

St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

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

1 SEX OF CHILD Girl 4) Twin or Triplet 5) Number in order of birth 6) Age at last birthday 4 7) DATE OF BIRTH July 28, 1928
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Harry K. James

9 PRESENT POSTOFFICE OF FATHER Smithtown S.C.

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

12 BIRTHPLACE Marion Co

13 OCCUPATION Farmer

14 Number of children born to father, including present birth 6

MOTHER.

15 NAME BEFORE MARRIAGE Annie Cooper

16 PRESENT POSTOFFICE OF MOTHER Smithtown S.C.

17 COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 25 (Year)

19 BIRTHPLACE Harry Co

20 OCCUPATION House wife

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 B. Child M., on the date above stated. (Born alive or stillborn) (How M., or P. M.)

(23) (Signature) Frank R. Martin
 (24) State where Physician or Midwife Physician (25) Address of Physician or Midwife Medina S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "stillborn")

(27) Filed 9/28/28 10 23 (28) McChaffin 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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