

## (1) PLACE OF BIRTH

County of MecklenburgTownship of Charlotteor  
Inc. Town of .....or  
City of .....

(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

4539

Registration District No. 2400 Registered No. 32  
(For use of Local Registrar)2) Full Name of Child James Robert If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? None (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 20, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward Robert(9) PRESENT POSTOFFICE OF FATHER Boyle St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Mecklenburg Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Pinkney(15) PRESENT POSTOFFICE OF MOTHER Boyle St.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Mecklenburg Co.(19) OCCUPATION Farmer(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 (Born alive or stillborn) 10 P. M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) James Robert(24) State whether Physician or Midwife (25) Address of Physician or Midwife Boyle St.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Feb. 22, 1922 (28) W. E. L. L. L. 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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STATION RECORDED FOR INDEXING.  
COUNTY CLERK, WITH COMPASSING THIS IN A FORMATION TO RECORD.  
TO RECORDS SECTION OF DIVISION OF HEALTH AND A SEPARATE BLANK FOR EACH CHILD, SEE FORM 10.  
FIRST-BOOK, No. 1, THIS OTHER, No. 2, etc., in question 5.  
McGraw, of Columbia.