

MARGIN RESERVED FOR BINDING.

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.

RECEIVED COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of Westhampton
OR
Inc. Town of.....
OR
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
22952

Registration District No. 3 Registered No. 44
(For use of Local Registrar)

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

(2) Full Name of Child

Thomas James

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH May 26, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas J. James
(9) PRESENT POSTOFFICE OF FATHER Westhampton
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE York, S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Meat Stokes
(15) PRESENT POSTOFFICE OF MOTHER Westhampton
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE York, S. C.
(19) OCCUPATION Farmer
(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.....at.....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. James (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Westhampton

Given name added from a supplemental report

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

....., 19..... Registrar (27) Filed May 9, 1922 (28) Dr. J. H. James 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.