

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Manning  
 or  
 Inc. Town of Dillon  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
25750

Registration District No. 16-A Registered No. 34  
 (For use of Local Registrar)

City of ..... (No. .... 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 Addison Sizemore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH May 22 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. E. Sizemore

(9) PRESENT POSTOFFICE OF FATHER Dillon S. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION House Building Contractor

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Fore

(15) PRESENT POSTOFFICE OF MOTHER Dillon S. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION housewife

(20) Number of children born to mother, including present birth one

(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 1.30AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. M. Nichols

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Dillon S. C.

Given name added from a supplemental report

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

(27) Filed Aug 19 1922 (28) D. M. Nichols 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.