

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
28846

(1) PLACE OF BIRTH

County of Anderson
Township of Piedmont
or
Inc. Town of Auton
or
City of Auton

Registration District No. 310

Registered No. 92
(For use of Local Registrar)

(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 Albert Landrith

(If not yet named, make supplemental report as directed)

(3) BOY OR GIRL B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 8 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wiley Landrith
(9) PRESENT POSTOFFICE OF FATHER Auton, S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE And. Co. S.C.
(13) OCCUPATION Textile operator
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Reid
(15) PRESENT POSTOFFICE OF MOTHER Auton, S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Pine Mountain, Ga.
(19) OCCUPATION Housewife
(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 at 9:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. Lorton (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont St.

Given name added from a supplemental report

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

(27) Filed Oct 13 22 (28) N. W. Seawright 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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MADE IN COLUMBIA, COLUMBIA, S. C.
WHETHER DEATHS, WITH UNFADING INK—USE IN A SEPARATE REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.