

PLACE OF BIRTH

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

22028

County of Orangeburg  
City of Tray  
or Town of Nashville  
or of Nashville  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration No. 73  
Sex Male  
Ward 1st  
If child is not yet named, make supplemental report as directed

Full Name of Child

SEX <u>Male</u>	(1) Type of Birth <u>Normal</u>	(2) Number in order of birth <u>1st</u>	(3) Age of Mother <u>40</u>	(4) DATE OF BIRTH <u>June 11, 1917</u>
NAME OF CHILD <u>James Trible</u>			(5) NAME OF MOTHER <u>Bessie Butler</u>	
FATHER'S NAME <u>unk</u>			(6) PLACE OF BIRTH <u>Nashville SC</u>	
COLOR <u>White</u>			(7) AGE AT LAST BIRTHDAY <u>40</u>	(8) AGE AT LAST BIRTHDAY <u>28</u>
BIRTHPLACE <u>Savannah X.C.</u>			(9) BIRTHPLACE <u>Orange Co S.C.</u>	
OCCUPATION <u>Laborn</u>			(10) OCCUPATION <u>Housewife</u>	
Number of children born to mother, including present birth <u>7</u>			(11) Number of children of this mother now living, including present birth <u>7</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, on the date above stated.  
(12) (Signature) John M. McArthur  
(13) State where Physician or Midwife Georgia  
(14) Address of Physician or Midwife West Thirteenth

Name added from a supplemental report  
(15) Witness (signature of witness necessary only when question 12 is signed by mark)  
(16) Date July 17, 1917  
(17) Registrar R. U. G. [Signature]

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.