

## (1) PLACE OF BIRTH

County of *York*Township of *York*

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

30468

Registration District No. *4301*Registered No. *106*

(For use of Local Registrar)

## (2) Full Name of Child

*James*

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 12 22</i> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>James Keels Jr</i>			(14) NAME BEFORE MARRIAGE <i>Murcher Miller</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Greelyville SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Greelyville SC</i>	
(10) COLOR OR RACE <i>Negro</i>			(16) COLOR OR RACE <i>Negro</i>	
(11) AGE AT LAST BIRTHDAY <i>22</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>25</i> (Years)	
(12) BIRTHPLACE <i>SC</i>			(18) BIRTHPLACE <i>SC</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>2</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN AND MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *3 A* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. W. M. O. Bazar*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*Sept 20 22* *W. Blackwell* 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.