

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
REGISTRY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marlboro
Township of Bennettsville
or
Inc. Town of Bennettsville
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43685

Registration District No. 33A Registered No. 134
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child James Charlie Radford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 20</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Radford
(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 52 (Years)
(12) BIRTHPLACE Marlboro Co.
(13) OCCUPATION Farmer.
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Saura Haigler
(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Chatham Co. NC.
(19) OCCUPATION House wife
(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 alive at 10.30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. May

(24) State whether Physician or Midwife mid.

(25) Address of Physician or Midwife Bennettsville

Given name added from a supplemental report

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

(27) FILED Dec 24, 1922 (28) Mr. J. M. Harts 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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