

(1) PLACE OF BIRTH

County of SumterTownship of Rockyford

Inc. Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2603

Registration District No. 11.06 Registered No. 2

(For use of Local Registrar)

(If birth occurs in a hospital, or other institution, give name of same instead of street and number.)

(2) Full Name of Child James M. Shores

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 8 1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME <u>S. M. Shores</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Rockyford S.C.</u>	
(10) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Rockyford S.C.</u>	
(13) OCCUPATION <u>farmer</u>	
(22) Number of children born to mother, including present birth <u>1</u>	

MOTHER

(14) NAME BEFORE MARRIAGE <u>Julia C. Cereant</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Rockyford S.C.</u>	
(16) COLOR OR RACE <u>white</u>	
(18) BIRTHPLACE <u>Rockyford S.C.</u>	
(19) OCCUPATION <u>housewife</u>	
(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was.....st.....M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah J. Chatman(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Rockyford S.C.

Given name added from a supplemental report.

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

(27) Filed Jan 10 1922 (28) N. C. H. H. H. H. 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.

WRITERS PLAINLY, WITH UNFADING INK—THIS IS A REQUIREMENT REQUIRED
IN ALL CASES OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, No. 1 THIS OTHER, No. 2, etc., in question 8.

MISSISSIPPI, MISSOURI, MICHIGAN, MINNESOTA, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TENNESSEE, TEXAS, VERMONT, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN, WYOMING.