

9/6/23

PLACE OF BIRTH

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

File No.—For State Registrar Only

17547

Registration District No. 1700 Registered No. 31
(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.

Full Name of Child James Arthur If child is not yet named, make supplemental report as directed

Sex M (1) DATE OF BIRTH July 24 1923
To be answered only in case of Twins or Triples (Name of Month) (Day) (Year)

FATHER: James Arthur
10 22 2000
45
Farming
Farmer
2

MOTHER: (14) NAME BEFORE MARRIAGE Rosetta Trapp
(15) PRESENT POSTOFFICE OF MOTHER Winnfield
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 36
(18) BIRTHPLACE Farmington
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) 2 M. (Hour A. M. or P. M.) on the date above stated.

(22) (Signature) James Arthur (23) Address of Physician or Midwife Winnfield
(24) State whether Physician or Midwife Winnfield

Name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 24 23 (28) Local Registrar

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