

9/6/23

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. 1200 Registered No. 31
(For use of Local Registrar)

(No. 11 St. 1 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

(1) Sex M (2) Date of Birth July 24, 1923
(3) Are Parents Married? yes (4) (Name of Month) (Day) (Year)

FATHER.

(1) Name James Arthur
(2) Age at last birthday 45
(3) Place of birth Farmer

MOTHER.

(14) Name before marriage Rosetta Trapp
(15) Present postoffice of mother Winnam
(16) Color or race col (17) Age at last birthday 36
(18) Birthplace Farmer
(19) Occupation Farmer
(20) 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 alive at 2 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) James Arthur (22) Address of Physician or Midwife Winnam
(23) State whether Physician or Midwife

Name added from a supplemental report

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

(25) Filed July 24, 1923 (26) 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.