

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of # 5  
 or  
 Loc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18694

Registration District No. 2104 Registered No. 36  
 (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.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 8, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Farris

(9) PRESENT POSTOFFICE OF FATHER Blacksburg S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35  
 (Years)

(12) BIRTHPLACE Georgetown County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Latham

(15) PRESENT POSTOFFICE OF MOTHER Blacksburg S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30  
 (Years)

(18) BIRTHPLACE Georgetown County

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... born alive at 6 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Ellen Williams

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blacksburg S.C.

Given name added from a supplemental report

(26) Witness G. H. Williams  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 12, 1922 (28) G. H. Williams  
 Local Registrar.

\*When there was no attending physician or midwife, then the father, household, 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.

STATE OF SOUTH CAROLINA, GEORGETOWN COUNTY, No. 5, p. 10, is question 6.

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