

(1) PLACE OF BIRTH

County of Asheville
 Township of Asheville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 1a.—For this Register No.
41530

Registration District No. 3105 Registered No. 1270
 (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 White

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

(3) SEX OF CHILD M. (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 18, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James White
 (9) PRESENT RESIDENCE OF FATHER Brookland S.C.
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Livingston S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Williams
 (15) PRESENT RESIDENCE OF MOTHER Brookland S.C.
 (16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE -
 (19) OCCUPATION -

(20) Number of children born to mother, including present birth 13

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... alive.... at 5 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie James
 (24) Name whether Physician or Midwife Midwife (25) Address of Physician or Midwife Richburg

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 12/27 at 29 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.