

2. TWINS OR TRIPLETS see a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Florence</u>		STATE OF SOUTH CAROLINA			
Township of <u>Lee</u>		Bureau of Vital Statistics		34427	
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2008</u>		Registered No. <u>01</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>James Harvey Titton</u>		(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>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 5 1922</u>	
				(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>James Laurie Titton</u>	(10) NAME BEFORE MARRIAGE <u>Minnie Collins</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Hampton S C</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Hampton S C</u>				
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>19</u>		
(12) BIRTHPLACE <u>SC</u>	(14) BIRTHPLACE <u>SC</u>				
(13) OCCUPATION <u>Barber</u>	(15) OCCUPATION <u>House wife</u>				
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) <u>6 A. M.</u>					
(23) (Signature) <u>W. M. Whigham M.D.</u>		(24) State whether Physician or Midwife <u>Physician</u>			
(25) Address of Physician or Midwife <u>Hampton S C</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19 <u>1922</u> Registrar		(27) Filed <u>11-1</u> 19 <u>22</u> Local Registrar <u>R. L. Carter</u>			

*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.

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