

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK NO. 1, 2, 3, etc., IN QUESTIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

(1) PLACE OF BIRTH
 County of Thomson
 Township of Penn
 or
 Inc. Town of

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

File No.—For State Registrar Only
87819

Registration District No. 4308 Registered No. 1112
 (For use of Local Registrar)

City of (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 Joyner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twin (5) Number in order of birth 2nd (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 23, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Robert Joyner
 (9) PRESENT POSTOFFICE OF FATHER Lanes S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Lanes S.C.
 (13) OCCUPATION RR Section Hand
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Eva Chandler
 (15) PRESENT POSTOFFICE OF MOTHER Lanes S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Lanes S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated.
 (Signature) Cardine June
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lanes S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. C. Baggett, Registrar
 (27) Filed 11/25 19 16 (28) Attest B. H. Hixley 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.