

(1) PLACE OF BIRTH

County of AndersonTownship of Hallor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
58537Registration District No. 306Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child

James Grey Welch

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)
April 30 1916

FATHER

(8) FULL NAME

James Welch

(9) PRESENT POSTOFFICE OF FATHER

Starr

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Anderson Co -

(13) OCCUPATION

Farming

MOTHER

(14) NAME BEFORE MARRIAGE

Lillie Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Starr

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Anderson Co -

(19) OCCUPATION

Housewife

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

3

(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 Alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Welch

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeStarr

Given name added from a supplemental report

(26) Witness

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

Mrs. S. M. M.

(27) Filed

May 17 1916

(28)

S. M. McAdams

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.

WHILE PLACED IN THE STATE HOSPITAL, THE REGISTRAR OF BIRTHS AND DEATHS, IN THE CITY OF COLUMBIA, HAS BEEN ADVISED BY THE REGISTRAR OF BIRTHS AND DEATHS, IN THE CITY OF COLUMBIA, THAT THE CHILD WAS BORN ALIVE AND BREATHED AT THE TIME OF BIRTH. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.