

2/14/45

Free
mrd

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See Instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

 County of Orangeburg
 Township of _____
 or
 Inc. Town of Branchville
 or
 City of Sc.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3601

FILE No.—For State Registrar Only

00710

Registered No. _____
(For use of Local Registrar)(No. Edward St. 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 Wilbur Bazemore { If child is not yet named, make supplemental report as directed

3. Boy or Girl <u>Boy</u>	4. Twins, triplets or other..... 5. Number, in order of birth.....	6. Premature Full term <input checked="" type="checkbox"/>	7. Are Parents Married? <input checked="" type="checkbox"/>	8. Date of birth <u>Nov. 20, 1922</u> (Month, day, year)
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9. Full name <u>John Benjamin Bazemore</u>	FATHER	18. Name before marriage <u>Annie Willie Coker</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Branchville, Sc.</u>	11. Color or race <u>white</u>	12. Age at child's birth... <u>4.1</u> ... (years)	13. Birthplace (city or place) (State or country) <u>Lyons, Georgia</u>	14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>Section Foreman</u>	15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....	16. Date (month and year) last engaged in this work <u>still working</u>	17. Total time (years) spent in this work... <u>20</u>	18. Residence (mailing address) (If non-resident, give place and State) <u>Branchville, Sc.</u>	19. Color or race <u>white</u>	20. Age at child's birth... <u>2.9</u> ... (years)	21. Birthplace (city or place) (State or country) <u>Lyons, Georgia</u>	22. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... <u>Housewife</u>	23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....	24. Date (month and year) last engaged in this work <u>still working</u>	25. Total time (years) spent in this work... <u>2.5</u>
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26. Number of children of this mother (At time of birth and including this child) <u>4</u>	(a) Born alive and now living... <u>3</u>	(b) Born alive but now dead... <u>1</u>	(c) Stillborn... <u>0</u>
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27. If stillborn, period of gestation.....	months	weeks	28. Cause of stillbirth	Before labor	During labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 4:00 A.M. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from
a supplementary report _____
(Date of) _____

Registrar.

 (Signed) John B. Bazemore, Parent
 or _____, Guardian
 Address _____
 Filed 3/1/45, 19 L.A. Riser, M.D.
 Registrar.

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