

2/14/45

Free
mrdU. S. Dept. of Commerce
Bureau of the Census

22 049259

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 directed3. Boy or Girl Boy If Plural Births _____ 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature Full term X 7. Are Parents Married? Yes 8. Date of birth Nov. 20 1922
(Month, day, year)9. Full name John Benjamin Bazemore FATHER 18. Name before marriage Annie Willie Coker MOTHER10. Residence (mailing address) Branchville, Sc. (If non-resident, give place and State) 19. Residence (mailing address) Branchville, Sc. (If non-resident, give place and State)11. Color or race white 20. Color or race white 12. Age at child's birth 4.1 (years) 21. Age at child's birth 2.9 (years)13. Birthplace (city or place) Lyons, Georgia (State or country) 22. Birthplace (city or place) Lyons, Georgia (State or country)14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... Section Foreman 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work still working 17. Total time (years) spent in this work 20 25. Date (month and year) last engaged in this work still working 26. Total time (years) spent in this work 2527. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth { Before labor During labor

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 _____, GuardianAddress _____
Filed 3/1/45, 19 L.A. Riser, M.D.

Registrar.

1b

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
each, in order of birth, stated.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of

(See Instructions on Back of Certificate.)