

NOTE: 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 8.

(1) PLACE OF BIRTH

County of Sumter

Township of .....

or  
Inc. Town of Madison

or  
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

24057

Registration District No. 4103 Registered No. 81  
(For use of Local Registrar)

(2) Full Name of Child James Olden If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 3 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Olden</u>	(14) NAME BEFORE MARRIAGE <u>Arnett Arnett</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Madison</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Madison</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>SI</u>	(18) BIRTHPLACE <u>SI</u>	(13) OCCUPATION <u>Iron</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was John at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Reuben James (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Madison

Given name added from a supplemental report John (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) John  
1922 (27) Filed May 15 1922 (28) Local Registrar M. L. Law

\*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.