

DATE OF BIRTH

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

FILE No.—For State Registrar

2764-a

Registration District No. 3-C

Registered No. 96

(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME OF CHILD James Isley

(If child is not yet named, supplemental report as directed)

1. SEX ☒ Male ☐ Female  
2. To be answered only in event of Twins or Triplets

3. Are Parents Married? ☒ Yes ☐ No

7. DATE OF BIRTH

Feb 9 1930  
(Name of Month) (Day) (Year)

FATHER  
14. NAME BEFORE MARRIAGE Will Isley  
15. PRESENT POSTOFFICE OF FATHER Greenville, S.C.  
16. AGE AT LAST BIRTHDAY ☒ Colored (Years)  
17. BIRTHPLACE S.C.  
18. OCCUPATION

MOTHER  
14. NAME BEFORE MARRIAGE Frances Halibut  
15. PRESENT POSTOFFICE OF MOTHER Greenville  
16. AGE AT LAST BIRTHDAY ☒ Colored (Years)  
17. BIRTHPLACE S.C.  
18. OCCUPATION

19. Number of children born to father, including present birth { 2 (then) }

20. Number of children of this mother now living, including present birth { 2 (then) }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

21. Signature Travis Whitner  
22. State whether Physician or Midwife Midwife  
23. Ocean, S.C.

24. Name added from a supplemental report \_\_\_\_\_  
25. \_\_\_\_\_  
26. \_\_\_\_\_  
27. \_\_\_\_\_  
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49. \_\_\_\_\_  
50. \_\_\_\_\_

24. Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)  
25. Filed 11-25-1930 Lillian Rouse  
Local Registrar

\*If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.