

IN PLACE OF INDEX

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18525

Family of *Heichery*

City of *Prosser*

Registration District No. *344*

Registered No. *2*

(For use of Local Registrar)

At *Prosser* (No. *1*) (St. *1*) (Ward *1*)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *James Earl Prosser* If child is not yet named, make supplemental report as directed

(1) NOT A CHILD *Yes* (2) Twin or Triplet? *No* (3) Number in order of birth *1* (4) Are Parents Married? *Yes* (5) DATE OF BIRTH *June 11 1903* (Name of Month) (Day) (Year)

FATHER

MOTHER

(1) FULL NAME *James Herman Prosser*

(14) NAME BEFORE MARRIAGE *James Earl Prosser*

(2) PRESENT ADDRESS *Prosser, S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Prosser, S.C.*

(3) COLOR OR RACE *White* (4) AGE AT LAST BIRTHDAY *15* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *15* (Years)

(5) BIRTHPLACE *Prosser, S.C.*

(18) BIRTHPLACE *Prosser, S.C.*

(6) OCCUPATION *Farmer*

(19) OCCUPATION *Housewife*

(7) Number of children born to mother including present birth *1*

(20) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive or stillborn* (Hour A. M. or P. M. *11*) on the date above stated.

(21) (Signature) *C. T. Simpson* (22) (Signature of Physician or Midwife) *C. T. Simpson* (23) Address of Physician or Midwife *Prosser, S.C.*

Not to be filled from a supplemental report
C. T. Simpson
Registrar

(24) (Signature of Witness necessary only when question 23 is signed by mark) *C. T. Wyche*
(25) (Signature) *C. T. Wyche* (26) Local Registrar

When there was no attending physician or midwife, 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.

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