

Form No. 1

(1) PLACE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA  
Township of Hawesville Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
80147

Inc. Town of ..... Registration District No. 308 Registered No. 35  
City of ..... (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Lupton

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  
To be answered only in case of Twins or Triplets  
Are Parents Married? Yes (7) DATE BIRTH May 3 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Lupton

(9) PRESENT POSTOFFICE OF FATHER R.R. Anderson

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38  
(Years)

(12) BIRTHPLACE Deeonee Co. O.S.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Charles Wakefield

(15) PRESENT POSTOFFICE OF MOTHER (9)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27  
(Years)

(18) BIRTHPLACE And Co. B.C.

(19) OCCUPATION 13 - W.O.

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:50 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. Wakefield  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Anderson S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 15 1916 (28) T. M. Vander  
Registrar Local Registrar

\*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.

FORM NO. 1 MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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 5. McCaw of Columbia