

## (1) PLACE OF BIRTH

County of York  
 Township of York

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Or

27067

Inc. Town of ..... Registration District No. 3109 Registered No. 60  
 (For use of Local Registrar)  
 City of ..... (No. .... 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 Carol Lively If child is not yet named, make supplemental report as directed

BOY OR  
 GIRL?

(4) Twin  
 or Triplet?

(5) Number in  
 order of birth

To be answered only in event of Twins or Triplets

(6) Are  
 Parents  
 Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

FULL  
 NAME

(14) NAME BEFORE  
 MARRIAGE

PRESENT  
 POSTOFFICE  
 OF FATHER

(15) PRESENT  
 POSTOFFICE  
 OF MOTHER

COLOR  
 OR  
 RACE

(16) AGE AT LAST  
 BIRTHDAY

(Years)

(16) COLOR  
 OR  
 RACE

(17) AGE AT LAST  
 BIRTHDAY

(Years)

BIRTHPLACE

(18) BIRTHPLACE

OCCUPATION

(19) OCCUPATION

Number of children born to  
 mother including present birth

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5-10 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Seaford SC.

Given name added from a supplemen-  
 tal report

(26) Witness

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

Registrar

(27) Filed Sept 14 1912

(28) Mrs C.E. Jay

Local Registrar

When 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  
 fifth month of pregnancy.

LOCAL REGISTRAR

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 before the fifth month of pregnancy.