

PLACE OF BIRTH

County of CharlestonTownship of James Islandor
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

34624-A

Registration District No. _____

Registered No. _____

(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)

2. FULL NAME OF CHILD

James Guthrie Prestwood

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

3. BOY OR
GIRL boy4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? yes

7. DATE OF BIRTH

October 8 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL
NAMEJames Guthrie Prestwood9. PRESENT
POSTOFFICE
OF FATHERCharleston S.C.10. COLOR
OR
RACE white11. AGE AT LAST
BIRTHDAY 28

(Years)

12. BIRTHPLACE

North Carolina

13. OCCUPATION

Electrician14. Number of children born to
mother, including present birthOne

MOTHER

14. NAME BEFORE
MARRIAGEEulalie Sterens15. PRESENT
POSTOFFICE
OF MOTHERCharleston S.C.16. COLOR
OR
RACE white17. AGE AT LAST
BIRTHDAY 17

(Years)

18. BIRTHPLACE

Charleston S.C.

19. OCCUPATION

Home20. Number of children of this mother
now living, including present birthOne

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive at 3 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature W. H. H. H. H. H.

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

19. _____

Registrar

26. Witness _____

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

27. Filed _____

19. _____

28. _____

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 required of stillbirths before the fifth month of pregnancy.