

(1) PLACE OF BIRTH

County of Florence
 Township of R.F.D. #2
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only

40260

Registration District No 2005 Registered No. 51
 (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 E. Hewitt

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

1. BOY OR GIRL

Boy

2. Type of Birth

To be used only in case of Twin or Triplet

3. Number in order of birth

4. Sex of Mother

Yes

5. DATE OF BIRTH

Dec. 5, 1923

FATHER.

6. FULL NAME

Eliphet Hewitt, Jr.

7. PRESENT POSTOFFICE OF FATHER

Florence S.C. R.F.D. #2

8. COLOR OR RACE

White

9. AGE AT LAST BIRTHDAY

25

10. BIRTHPLACE

Florence Co.

11. OCCUPATION

Farmer

MOTHER.

12. NAME BEFORE MARRIAGE

Louise Calcutt

13. PRESENT POSTOFFICE OF MOTHER

Florence

14. COLOR OR RACE

White

15. AGE AT LAST BIRTHDAY

23

16. BIRTHPLACE

Florence Co.

17. OCCUPATION

X

18. Number of children born to mother, including present birth

4

19. Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature)

W. H. Hicks M.D.

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Florence S.C.

Given name added from a supplemental report

J. Fairney

Apr. 12, 1924

(24) Witness

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

(25) Filed

Dec. 7, 1923

(26)

P. H. Pugham

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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