

(1) PLACE OF BIRTH

County of Andrus

Township of

or
Inc. Town of Piedmont

or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 183 - For State Registrar Only

183

Registration District No. 3 B

Registered No. 6
(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 Bigham Jay (If child is not yet named, make supplemental report as directed)

3) SOY OF CHILD Boy 4) Type or Triplet To be answered only in event of Twins or Triplets 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH Jan 9 1923
(Sex of Month) (Day) (Year)

FATHER. (8) FULL NAME James Bigham

(9) PRESENT RESIDENCE OF FATHER Piedmont

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Textile work

(14) Number of children born to mother, including present birth 1

MOTHER. (10) FULL NAME Ropie Vaughan

(11) PRESENT RESIDENCE OF MOTHER Piedmont

(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 48 (Year)

(14) BIRTHPLACE S.C.

(15) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) 5:40 A.M. on the date above stated.

(23) (Signature) Joe Thomas

(24) State, whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

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

(27) Jan 10 1923 (28) J. J. Fleming 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.

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