

WHEN PRINTING AND FILLING IN THIS CARD, PLEASE PRINT FULLY AND CORRECTLY.
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.
Jaw. of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Durham</u>		STATE OF SOUTH CAROLINA.		85981	
Township of <u>Lawton</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2401</u>		Registered No. <u>84</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>James McPherson Jr</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 23, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James McPherson</u>			(14) NAME BEFORE MARRIAGE <u>Laura Thompson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Garnett S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Garnett S.C.</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farm Work</u>			(19) OCCUPATION <u>Farm Work</u>		
(20) Number of children born to mother, including present birth <u>Eight</u>			(21) Number of children of this mother now living, including present birth <u>Seven</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was born alive at <u>9 P.M.</u> on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Laura K. Thompson</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Garnett S.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>Jas. C. Richardson Jr</u> (Signature of witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Nov 6, 1916</u> (28) <u>Jas. C. Richardson Jr</u> 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.