

(1) PLACE OF BIRTH

County of Durham
Township of Lawton
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
85981

Registration District No. 2401 Registered No. 84
(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 McPherson Jr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 23, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James McPherson
(9) PRESENT POSTOFFICE OF FATHER Garnett S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm Work
(20) Number of children born to mother, including present birth Eight

MOTHER.
(14) NAME BEFORE MARRIAGE Laura Thompson
(15) PRESENT POSTOFFICE OF MOTHER Garnett S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm Work
(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Laura K. Thompson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Garnett S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness Jas. C. Richardson Jr
Signature of Witness necessary only when question 23 is signed by mark

(27) Filed Nov 1 1916 (28) Jas. C. Richardson Jr 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.

WHERE BORN AND CALLED IN THE U.S.A. 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. S. CAROLINA, DEPT. OF HEALTH, BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.