

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Stonewall  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17301

Registration District No. 1406 Registered No. 12  
 (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 Graham Easterling 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 Jan 9 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Graham Easterling

(9) PRESENT POSTOFFICE OF FATHER Wiggins S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
 (Year)

(12) BIRTHPLACE Beaufort - S. C.

(13) OCCUPATION Clerk.

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Eva Williams

(15) PRESENT POSTOFFICE OF MOTHER Wiggins S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
 (Year)

(18) BIRTHPLACE Colleton - S. C.

(19) OCCUPATION Domestic.

(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. H. Seidman M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

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(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 desired of stillbirths before the fifth month of pregnancy.

Return.

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