

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH  
 County of Richmond  
 Township of North  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**7708**

Registration District No. 31.P.S. Registered No. 6  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; .... Ward)

(2) Full Name of Child Paris James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Feb 8, 1929</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Andy Ward</u>	(14) NAME BEFORE MARRIAGE <u>Eva Love</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>June SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>June SC</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE <u>La Grange</u>		(18) BIRTHPLACE <u>La Grange</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) R. E. Mather  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
La Grange

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
	(27) Filed ..... 19 .....

\*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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Bureau of Columbia, Columbia, S. C.