

(1) PLACE OF BIRTH

County of Anderson
Township of Frank
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
6446

Registration District No. 305

Registered No. 215
(For use of Local Registrar)

(2) Full Name of Child

Walter James

St.: Ward
(If child is not yet named, make supplemental report as directed)

Is BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Mar 24 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James James

(9) PRESENT POSTOFFICE OF FATHER

Franklin

(10) COLOR OR RACE

W

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruby Carson

(15) PRESENT POSTOFFICE OF MOTHER

Franklin

(16) COLOR OR RACE

W

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... at ... M., on the date above stated.

(23) (Signature)

(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 23 is signed by mark)

(27) Filed

Mar 24 1922 (28) D. F. Hollaway 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.