CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21663

(1) PLACE OF BIRTH 11/5/24
County of Laurens
Township of Jacks
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 485. Registered No. 34
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH July 17 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis James
(9) PRESENT POSTOFFICE OF FATHER Clinton S C
(10) COLOR OR RACE Blk
(11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE S C
(13) OCCUPATION Farm Work
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lee Slater
(15) PRESENT POSTOFFICE OF MOTHER Clinton S C
(16) COLOR OR RACE Blk
(17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE S C
(19) OCCUPATION Farm Work
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [illegible]
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

(Given name added from a supplemental report .....) ..... 19 .... Registrar

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

(27) Filed July 29 1923 (28) [illegible] 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.

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WHITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.
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.