

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Peel's  
 OR  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30656

Registration District No. 7402 Registered No. 118  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6 1922  
 (Name of month) (Day) (Year)

## FATHER.

(8) FULL NAME Bill H Priestley(9) PRESENT POSTOFFICE OF FATHER Crocketville(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE H. Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Anie Gooding(15) PRESENT POSTOFFICE OF MOTHER Crocketville SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE H. Co. SC(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. P. Smith midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hampton

Given name added from a supplemental report

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

(27) Filed Sept 18 1922 (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.