

MADE IN COLUMBIA, S. C. FIRST-BORN. No 1 TO OTHER, No 2, etc, in question 8.

(1) PLACE OF BIRTH

County of Livingston  
Township of Livingston  
or  
Inc. Town of.....  
or  
City of .....

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

File No.—For State Registrar Only  
**31168**

Registration District No 3/26 Registered No. 5  
(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 W. H. James infant (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/20 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME James Frost  
(9) PRESENT POSTOFFICE OF FATHER Columbia, S. C.  
(10) COLOR OR RACE W. H. (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Livingston Co. S. C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 5

MOTHER.  
(14) NAME BEFORE MARRIAGE Pearl Lefford  
(15) PRESENT POSTOFFICE OF MOTHER Columbia S. C.  
(16) COLOR OR RACE W. H. (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Livingston Co. S. C.  
(19) OCCUPATION Farmer  
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Phys. 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 19 (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.