

(1) PLACE OF BIRTH

County of Bamberg  
 Township of Bamberg  
 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

88374

Registration District No. 400

Registered No. 187  
 (For use of Local Registrar)

(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

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley James  
 (9) PRESENT POSTOFFICE OF FATHER Bamberg  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24  
 (12) BIRTHPLACE Pa  
 (13) OCCUPATION Labourer  
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Lesone  
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20  
 (18) BIRTHPLACE Pa  
 (19) OCCUPATION Labourer  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Born alive ...at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Hardy  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

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

(27) Filed 12/16/16 (28) John Cooper 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.