

## (1) PLACE OF BIRTH

County of *Franklin*Township of *Franklin*or  
Inc. Town of *Franklin*City of *Franklin*

(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

43113

Registration District No. *2704*Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child *James M. Perry* 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 case of twins or triplets)

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH *Jan 27 1912*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Michael Perry*(9) PRESENT POSTOFFICE OF FATHER *Franklin SC*(10) COLOR OR RACE *black*(11) AGE AT LAST BIRTHDAY *24*

(Years)

(12) BIRTHPLACE *Franklin*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1...2...children*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Sothery Perry*(15) PRESENT POSTOFFICE OF MOTHER *Franklin*(16) COLOR OR RACE *black*(17) AGE AT LAST BIRTHDAY *24*

(Years)

(18) BIRTHPLACE *Franklin*(19) OCCUPATION *Farmer*(21) Number of children of this mother now living, including present birth *1...2...*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *10:30* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Helene Fortene*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Franklin SC*

Given name added from a supplemental report

(26) Witness *John H. G. Guesley*

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

(27) Filed *Dec 27 1912*(28) *John H. G. Guesley*(29) *John H. G. Guesley*(30) *John H. G. Guesley*(31) *John H. G. Guesley*

Registrar

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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