

(1) PLACE OF BIRTH

County of Person
 Township of Belton
 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
20875

Registration District No. 300 Registered No. 94
 (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 Jim Watson Putman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Putman
 (9) PRESENT POSTOFFICE OF FATHER Belton S. C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Belton
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Putman
 (15) PRESENT POSTOFFICE OF MOTHER Belton S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Belton
 (19) OCCUPATION farmer
 (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 white at 6 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Lizbeth Clin R. Scales
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Belton S. C.

Given name added from a supplemental report

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

(27) Filed July 14, 1922 (28) Mrs. P. A. Scales 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.