

(1) PLACE OF BIRTH

County of Charleston

Township of

Ine. Town of

City of

(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 Register Only

3226

Registration District No. 20 AddisonRegistered No. 316

(For use of Local Registrar)

(2) Full Name of Child James W. Sineath

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

(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 3 1942

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.

James W. Sineath

(9) PRESENT POSTOFFICE OF FATHER

Charleston SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

28

(12) BIRTHPLACE

SC

(13) OCCUPATION

Meat Trader

(14) Number of children born to mother, including present birth

Two

(14) NAME BEFORE MARRIAGE

MOTHER.

Thelma Simmons

(15) PRESENT POSTOFFICE OF MOTHER

Charleston SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

18

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature) J. H. Sineath

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given and added from a supplemental report

1/27/42Mr. B. J. Sineath

Registrar

(26) Witness

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

(27) Filed 2/19 1942

(28)

J. H. Sineath

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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