

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

File No. — For State Registrar Only  
**50400**

(1) PLACE OF BIRTH .....  
 County of .....  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 40-2 Registered No. 119  
 or  
 City of ..... (No. ....) (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 James Phillip Leroy 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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH July 24 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME James Phillips Leroy  
 (9) PRESENT POSTOFFICE OF FATHER Spaulding  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Union County S.C.  
 (13) OCCUPATION mill operator (Cotton)  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Carrie Elizabeth Foster  
 (15) PRESENT POSTOFFICE OF MOTHER Spaulding  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Union County S.C.  
 (19) OCCUPATION Housewife  
 (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 at 5:25 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James L. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spaulding, S.C.

Given name added from a supplemental report

3-2-1916  
B. Woodard  
 Registrar

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

(27) Filed Mich 1 1916 (28) Geo. Capes 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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FIRST-BORN, No. 1. WHEN OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.

McCaw.