

(1) PLACE OF BIRTH

County of StonewallTownship of Whitcomb

Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2228

Registration District No. 3617 Registered No.
(For use of Local Registrar)City of (No. 29 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. James Wilmore Whetstone If child is not yet named, make supplemental report as directed(3) SEX OR GENDER Boy (4) Twin or Triplet? (5) Number in order of birth (6) Age at Present Month 1 yr (7) DATE BIRTH Jan 18 1932
(Give of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Whetstone(9) PRESENT POSTOFFICE OF FATHER Cope SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(14) Number of children born to Mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Blackmon(15) PRESENT POSTOFFICE OF MOTHER Cope SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at home on the date above stated. (Born at home or in hospital)(23) (Signature) C. W. Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Monrovia SC

Given name added from a supplemental report.

(26) Witness

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

(27) Filed 1/18/32 (28) J. D. R. R. 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.