

(1) PLACE OF BIRTH

County of DarlingtonTownship of Mechanicvilleor
Inc. 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 Registrar Only

42026

Registration District No. 1207 Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child James Samuel { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 9 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE Mamie Samuel(15) PRESENT POSTOFFICE OF MOTHER Mount Clare, S.C.(16) COLOR OR RACE Neg (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Iron Col.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julian T. Lippert

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Darlington S.C.

Given name added from a supplemental report

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

(27) Filed Jan 1 1923 (28) E. C. Early 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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