

## (1) PLACE OF BIRTH

County of York  
 Township of Synching  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. 41402

Registration District No. 30.1.2 Registered No. 160  
 (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 James Perott If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Type yes (5) Number in order of birth 21 (6) Age 26 (7) DATE OF BIRTH Dec 26 1923  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Engene Perott (9) PRESENT POSTOFFICE OF FATHER Ellott St. (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Year) (12) BIRTHPLACE Lu Co. S.C. (13) OCCUPATION Farming (14) MARRIAGE Green James (15) PRESENT POSTOFFICE OF MOTHER Ellott St. (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year) (18) BIRTHPLACE Lu Co. S.C. (19) OCCUPATION House work (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary Crunk (24) Since when Midwife (25) Address of Physician or Midwife Ellott St.

Given name added from a supplemental report  
 (26) Witness J. P. McIntosh (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed 1/18 1924 (28) J. P. McIntosh 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.

WRITE PLAINLY. WITH CAREFULNESS. THIS IS A PERMANENT RECORD. USE INK. IN ANSWERING QUESTIONS. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. IN CASE OF STILLBORN, NO. 1. THIS OTHER, NO. 2. OR, IN QUESTION 4.