

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of Williamston

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24630

Registration District No. 3-CRegistered No. 52
(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 Harrison James Jr. { If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Boy

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married? Yes

(7) DATE OF

BIRTH. Dec 12, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Harrison James

9) PRESENT POSTOFFICE OF FATHER

Williamston, S.C.

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40
(Years)

12) BIRTHPLACE

Williamston, S.C.

13) OCCUPATION

Farmer

20) Number of children born to mother, including present birth

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Eva Kay

(15) PRESENT POSTOFFICE OF MOTHER

Williamston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Williamston, S.C.

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Arthur W. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williamston, 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 9-619 22

(28)

William Russell

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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