

(1) PLACE OF BIRTH

County of

Township of

(If Inc. Town of

(If City of

(No. St. Ward)

(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

No. 10.—For Date Registered

3314

Registration District No. 100 Registered No. 45

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth 10 (6) Are Parents Married yes (7) DATE OF BIRTH Feb. 17, 1923 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Marion Biddin (9) NAME BEFORE MARRIAGE Alice Johnson

(10) PRESENT POSTOFFICE OF FATHER Laffney S.C. (11) PRESENT POSTOFFICE OF MOTHER Laffney S.C.

(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 51 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 38 (Year)

(16) BIRTHPLACE Mitchell Co. N.C. (17) BIRTHPLACE Burke Co. N.C.

(18) OCCUPATION Farming (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10 (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 born alive at 1:20 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Hughes M.D.

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

Given name added from a supplementary report

(26) Witness

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

(27) March 10, 1923 (28) J. F. Smith Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.