

Form No. 1

(1) PLACE OF BIRTH

County of Wm.burg
 Township of Indian
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

30497

Registration District No. 4303 Registered No. 16
 (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 Thomas If child is not yet named, make supplemental report as directed

| | | | | |
|---|--|-----------------------------|--|--|
| 1) BOY OR GIRL | 2) Twin or Triplet? To be answered only in event of Twins or Triplets | 3) Number in order of birth | 4) Are Parents Married? <u>yes</u> | 5) DATE OF BIRTH (Name of Month) (Day) (Year) |
| FATHER. | | MOTHER. | | |
| 6) FULL NAME | 7) NAME BEFORE MARRIAGE | | 8) DATE OF BIRTH | |
| 9) PRESENT POSTOFFICE OF FATHER | 10) PRESENT POSTOFFICE OF MOTHER | | 11) AGE AT LAST BIRTHDAY | |
| 12) COLOR OR RACE <u>B</u> | 13) COLOR OR RACE <u>B</u> | | 14) AGE AT LAST BIRTHDAY <u>30</u> | |
| 15) BIRTHPLACE <u>S.C.</u> | 16) BIRTHPLACE <u>S.C.</u> | | 17) OCCUPATION | |
| 18) OCCUPATION <u>Farmer</u> | 19) OCCUPATION <u>Housewife</u> | | 20) Number of children of this mother now living, including present birth <u>3</u> | |
| 21) Number of children born to mother, including present birth <u>3</u> | 22) Number of children of this mother now living, including present birth <u>3</u> | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Alice Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

John Cooper
1st 11.23.23
C. C. Daniel
 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.

PREPARED BY THE OTHER, No. 2, etc. in question 4
 Bureau of Columbia, Columbia, S. C.