

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of Yonkersville
or

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

79587

Registration District No. 4204 Registered No. 61

(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? <u>BOY</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 26, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Newton J. James(9) PRESENT POSTOFFICE OF FATHER Yonkersville SC(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Union Co. SC(13) OCCUPATION Textile worker(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Wells(15) PRESENT POSTOFFICE OF MOTHER Yonkersville SC(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Union Co. SC(19) OCCUPATION Domestic(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 Alive at 5 P. M.
on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) N. J. James(24) State whether Physician or Midwife (25) Address of Physician or Midwife Yonkersville

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed 191..... (28) 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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.