

No. 9

PLACE OF BIRTH

City of Kershaw
 Township of Flat Rock
 or
 Town of _____
 or
 of _____

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

FILE No.—For State Registrar Only

32772-a

Registration District No. 2702 Registered No. 28
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
 FULL NAME OF CHILD Statis J James (If child is not yet named, make supplemental report as directed)

BOY OR GIRL? Girl 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married? Yes 7. DATE OF BIRTH Oct 30 1923
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER
 FULL NAME John James
 PRESENT POSTOFFICE OF FATHER Liberty Hill
 COLOR OR RACE W. Id. 11. AGE AT LAST BIRTHDAY 30 (Years)
 BIRTHPLACE Ac
 OCCUPATION Farmer
 Number of children born to mother, including present birth 3

MOTHER
 14. NAME BEFORE MARRIAGE Rachel Able
 15. PRESENT POSTOFFICE OF MOTHER Liberty Hill
 16. COLOR OR RACE W. Id. 17. AGE AT LAST BIRTHDAY 20 (Years)
 18. BIRTHPLACE Ac
 19. OCCUPATION Housewife
 21. Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 a m. (Hour A.M. or P.M.) on the date above stated.

23. Signature Polly James 24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife _____

Given name added from a supplemental report _____, 192_____
 Registrar

26. Witness (Signature of Witness necessary only when question 23 is signed by mother) _____
 27. Filed 8/1/23 19_____
 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.