

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
MEDIAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Laurens  
Township of Laurens  
OR  
Inc. Town of.....  
OR  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar  
**43253**

Registration District No. 2901 Registered No. 134  
(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 Carmelion Todd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 10/13/22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME James Todd  
(9) PRESENT POSTOFFICE OF FATHER Gray Court SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 68 (Years)  
(12) BIRTHPLACE Laurens Co SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth {

MOTHER.  
(14) NAME BEFORE MARRIAGE Mammie McKnight  
(15) PRESENT POSTOFFICE OF MOTHER Gray Court SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Laurens Co SC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 2:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. J. Pace M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gray Court SC

Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan. 6, 1923 (28) H. C. Maxon 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.