

(1) PLACE OF BIRTH

County of Anderson

Township of Duff

City of Duff

Registration District No. 305

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

File No.—For State Registrar Only  
**37160**

Registered No. 113  
(For use of Local Registrar)

St. 1 Ward 13

If birth occurs in a hospital or other institution, give name of same instead of street and number.  
Full Name of Child James Oscar Haines If child is not yet named, make supplemental report as directed.

(4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 22 1922  
(Name of Month) (Day) (Year)

FATHER James F. See  
NAME James

PRESENT POSTOFFICE OF FATHER Jamerville S.C.

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE S.C.

OCCUPATION Farmer

Number of children born to mother, including present birth 5

MOTHER (14) NAME BEFORE MARRIAGE Sallie Shirley

(15) PRESENT POSTOFFICE OF MOTHER Jamerville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born at 4:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. A. Whitely

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

Name added from a supplemental report

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

(27) Filed Nov 23 1922 (28) J. T. Gillhauser Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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