

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Laurens</u>		STATE OF SOUTH CAROLINA.		49701	
Township of <u>Youngs</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>2006</u>		Registered No. <u>7</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(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>one</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 30, 1916</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>James Dorans</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Kilgore</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Fountain Inn, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ft. Inn, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(12) BIRTHPLACE <u>Laurens, S.C.</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>	(18) BIRTHPLACE <u>Laurens, S.C.</u>
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer Home</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8 P.M.</u> on the date above stated. (Hour A.M. or P.M.)					
(23) (Signature) <u>W. H. Harris</u>					
(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 <u>3/13, 1916</u> (28) <u>W. H. Harris</u> 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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