

(1) PLACE OF BIRTH

County of ParkerTownship of Ward

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

29811

Registration District No. 3703... Registered No. 67

(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 S. Addington If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 23
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. T. Addington(9) PRESENT POSTOFFICE OF FATHER Early XX 2(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 29
(Year)(12) BIRTHPLACE Parker(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Lopez(15) PRESENT POSTOFFICE OF MOTHER Early XX 2(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20
(Year)(18) BIRTHPLACE Parker(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Star at Star M., on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Lee J. Wells

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Wesley, S. C.

(Given name added from a supplemental report)

James S. Addington
Jan. 30 1924

(25) Witness

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

(26) Filed Oct. 7, 1924 (27) L. F. R. V. T. T. 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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