

(1) PLACE OF BIRTH

(2) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

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

7361

County of York

Township of Derwood

Inc. Town of Derwood

City of Derwood

Registration District No. 7-5-00 Registered No. 7-1
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Terrell Shickland If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to mother, including present birth

(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 at M. on the date above stated. Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given yes added from a supplemental report

(26) Witness

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

(27) Filed

10/17/43 1943 (28) Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH SPACING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1 THE OTHER No. 2, etc. in question 5