

(1) PLACE OF BIRTH
County of Dickins
Township of Clinton
or
City of Colum

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

File No.—For State Registrar Only
42320

Registration District No. 39.00 Registered No. 228
(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 Monroe Hyman If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10/15 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Monroe Hyman
(9) PRESENT POSTOFFICE OF FATHER SE Clemson Cully
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Student

MOTHER.

(14) NAME BEFORE MARRIAGE Mary McLeod
(15) PRESENT POSTOFFICE OF MOTHER Clemson Cully
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Mother & Housekeeper
(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 at 5 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. W. Withers
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Clemson Cully

Given name added from a supplemental report

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

(26) Filed Dec 22 1923 (27) J. D. Beardsley 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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