

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12307

County of UnionTownship of Proctoror Town of Proctoror City of ProctorRegistration District No. 42.07Registered No. 36

(For use of Local Registrar)

(No. 84; Ward 84)

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

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) SEX <u>Boy</u>	(2) Twin or Triplet <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>4-26-28</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <u>James E. Fore</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Rae</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union, S.C.</u>	
(8) COLOR OR RACE <u>W.</u>	(9) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(12) BIRTHPLACE <u>Burcombe, N.C.</u>			(13) BIRTHPLACE <u>Jacksonville, N.C.</u>	
(14) OCCUPATION <u>Mill Employee</u>			(15) OCCUPATION <u>Mill Operator</u>	
(16) Number of children born to mother, including present birth <u>4</u>			(17) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) Hour M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 5 10 28 (28) [Signature] 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.