

(1) PLACE OF BIRTH

County of Richland
 Township of Columbia
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

2328

Registration District No. 32aRegistered No. 1056

(For use of Local Registrar)

(No. Arthur Sec. _____ Ward)
 (If birth occurs in a hospital or other institution, give name of street and number.)

(2) Full Name of Child Thorn James

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

(1) BOY OR GIRL G. (2) Twin or Triplet _____ (3) Number in order of birth _____ (4) Are Parents Married? Yes (5) DATE OF BIRTH Jan 31 1922
 To be answered only in event of Twin or Triplet (Years of Month) (Day) (Year)

FATHER
 (10) FULL NAME Samuel James
 (11) PRESENT POSTOFFICE OF FATHER P.R. 2 Columbia
 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 21 (Years)
 (14) BIRTHPLACE Columbia Co
 (15) OCCUPATION P.R. Sutter
 (16) Number of children born to mother, including present birth 3

MOTHER
 (17) NAME BEFORE MARRIAGE Bellie Ann Williams
 (18) PRESENT POSTOFFICE OF MOTHER Lane
 (19) COLOR OR RACE B. (20) AGE AT LAST BIRTHDAY 24 (Years)
 (21) BIRTHPLACE Richland Co.
 (22) OCCUPATION Domestic
 (23) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was _____ at _____ M. on this date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(25) (Signature) Dr. J. B. Clark

(26) State whether Physician or Midwife _____

(27) Address of Physician or Midwife 1570 E. 1st

Given name added from a supplemental report _____

(28) Witness _____

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

(29) Filed 2-1 192210 22

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.

Before the fifth month of pregnancy.

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