

(1) PLACE OF BIRTH

County of Anderson
Township of
or
Inc. Town of
or
City of (No. St.; Ward.)

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

File No. 20817 **File State Registrar Only**

Registration District No. 3-A Registered No. 243
(For use of Local Registrar)

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

3 BOY OR GIRL BOY
(4) Twin or Triplet?
(5) Number in order of birth
(6) Are Parents Married?
(7) DATE OF BIRTH July 19, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME Thomas S. Liddy
9) PRESENT POSTOFFICE OF FATHER Anderson

(14) NAME BEFORE MARRIAGE Frances Liddy
(15) PRESENT POSTOFFICE OF MOTHER Anderson

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
12) BIRTHPLACE S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Tenn.

13. OCCUPATION Mail Cpt

(19) OCCUPATION Domestic

20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 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 Physician (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
....., 19 .. Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
E. B. CRAYTON;
(27) Filed 19 .. (28) .. Registrar ANDERSON

*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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WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.
REG. OF COLUMBIA, COLUMBIA, S. C.

W. O. D. A. K. S. A. F. T. Y.

STATE OF SOUTH CAROLINA)
COUNTY OF ANDERSON)

PERSONALLY appeared before me Mrs. Ina Littlefield, who being duly sworn deposes and says that she is the mother of James Robert Littlefield who was born July 19, 1922. That this birth is recorded in the Bureau of Vital Statistics, State Board of Health in Volume 25, No. 20817, 1922 births and that the name given for this child on the birth certificate is "Laurens". That she never had a child by the name of Laurens and that the putting of that name on the birth certificate of her son who was born July 19, 1922, was an error on the part of the doctor who filed the birth certificate at the time the child was born. She respectfully requests that the name be changed on the above record to read James Robert, as that has always been his name and for the reason that he has never been known as "Laurens".

Sworn to before me this

19 day of September, 1940

X Mrs Ina Littlefield
Mrs. Ina Littlefield

W. W. Jones
Notary Public for S. C.