

County of Chester  
Township of Rossville  
or  
Inc. Town of.....  
or  
City of .....

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

~~41593~~

(No. ....St.; .....Ward)  
institution, give name of same instead of street and number.)

3) BOY OR GIRL? <i>Girl</i>	4) Twin or Triplet?  To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Oct 28, 1922</i> (Name of Month) (Day) (Year)
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5) FULL NAME James A. Lybrand Jr.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE  
Lexington Co. S.C.

(13) OCCUPATION  
Book keeper

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

(14) NAME BEFORE MARRIAGE *Nora Wootan*

(15) PRESENT POSTOFFICE OF MOTHER *Great Falls*

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
(Years)

(18) BIRTHPLACE  
Chambers Co. Ala.

(19) OCCUPATION  
Domestic

(21) Number of children of this mother now living, including present birth 12

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:25 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(28) (Signature)

(24) State whether Physician or Midwife (25) Address Physician or Midwife

Given name added from a supplement-  
tal report

(Signature of Witness necessary only  
when question 22 is signed by mark)

27-28

## Local Registrar

\*When there was no attending physician, midwife, or the father, householder, etc., should make this return.  
If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths  
occurring within the first month of pregnancy.

If a call is