(1) PLACE OF BIRTH

County of Anderson

Township of Fork

or

Inc. Town of ..... Registration District No. 305 Registered No. 14

or

City of ..... (No. ..... St.; ..... Ward)

(For use of Local Registrar)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48003

(2) Full Name of Child James Haskell Mayo Bridges (If child is not yet named, make supplemental report as directed)

(3) BOY OR ~~GIRL~~	(4) Twin or Triplet? X (To be answered only in event of Twins or Triplets)	(5) Number in order of birth 1	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Feb. 16 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Claud Bridges

(9) PRESENT POSTOFFICE OF FATHER Townville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Texas

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ready Brasbery

(15) PRESENT POSTOFFICE OF MOTHER Townville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Mayo

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Fair Play S.C.

Given name added from a supplemental report June 9, 1916
C. W. Miller Registrar

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

(27) Filed March 9, 1916 (28) R. H. McClain 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.

Registrar

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WRITE PLAINLY. REGISTRARS SHOULD USE BLUE INK. WHEN ASSIGNED INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.