

(1) PLACE OF BIRTH

County of Anderson
 Township of Broadway
 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

40798

Registration District No. 361Registered No. 56
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Perry

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? yes (7) DATE OF BIRTH Nov. 14, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Celester Perry
 (9) PRESENT POSTOFFICE OF FATHER Anderson, S.C. R.F.D. 8
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 2 1/2
 (Years) (12) BIRTHPLACE And. Co. S.C.
 (13) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lee Prince
 (15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C. R.F.D. 8
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 19
 (Years) (18) BIRTHPLACE And. Co.
 (19) OCCUPATION House & farm work
 (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 11:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olga J. Pruitt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 16, 23(28) W. H. Campbell
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.

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FIRST BORN NO. 1. THE OTHER, NO. 2, etc., in question 5.

MCCAM OF COLUMBIA, S. C.

MCC