

REAR END REVERSED FOR FILING. WHEN PLAINLY, WITH UNFOLDING END—THIS IS A NECESSARY PRECAUTION, and mark the  
N. B.—In case of twins or triplets use a separate file for each child, and mark the  
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(1) PLACE OF BIRTH

County of Lynchburg  
Township of Marion  
or  
Inc. Town of Marion  
or  
City of Marion

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

File No.—For State Registrar Only

43443

Registration District No. 31-2 Registered No. 64  
(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 James (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 14, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James James  
(9) PRESENT POSTOFFICE OF FATHER Marion S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE Marion S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Hampton  
(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE Marion S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) James James (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

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

(27) Filed Nov 26, 1922 (28) James James 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.