

(1) PLACE OF BIRTH
County of Anderson
Township of Spartanburg
Inc. Town of SC

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

File No. — For State Registrar Only
66334

Registration District No. 17058 Registered No. 389
(For use of Local Registrar)
City of SC (No. SC St. SC Ward SC)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
2) Full Name of Child Baby Stone { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL B (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26 1926
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James B. Stone
(9) PRESENT ADDRESS Causeway SC
(10) AGE AT LAST BIRTHDAY 21 (Years)
(11) RACE W
(12) BIRTHPLACE SC
(13) OCCUPATION Iron Work
(14) Number of children born to mother including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Louise Brady
(15) PRESENT POSTOFFICE OF MOTHER Causeway SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE N. C.
(19) OCCUPATION Iron Work
(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

21) I hereby certify that I attended the birth of this child, who was Born at 11:55 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Arthur B. Calhoun
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Causeway SC

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Local Registrar July 2 1926 (27) Local Registrar U. H. Parker

*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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