

(1) PLACE OF BIRTH

County of Andrus in
 Township of Quincy
 or
 Inc. Town of Ira
 or
 City of _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
13595

Registration District No. 304

Registered No. 52
 (For use of Local Registrar)

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

3. BOY OR GIRL Male4. Twin or Triplet? No

5. Number in order of birth 1
 To be answered only in event of Twin or Triplet

6. Are Parents Married? Yes

7. DATE OF BIRTH May 25 22
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME James A. Revel9. PRESENT POSTOFFICE OF FATHER Ira S.C.

10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (Year)

12. BIRTHPLACE Shelby Co. Mo.13. OCCUPATION Teacher20. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Max Bell Brown15. PRESENT POSTOFFICE OF MOTHER Ira S.C.

16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
 (Year)

18. BIRTHPLACE Elliot Co. Mo.19. OCCUPATION House wife21. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John at 3:08 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. H. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ira S.C.

Given name added from a supplemental report

(26) Witness

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

(27) May 30 1922 J. M. McAdams
 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 6th month of pregnancy.

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