

WRITE PLAINLY. WITH EXPANDING 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. THE OTHER, No. 2, etc., in question 1.

## (1) PLACE OF BIRTH

County of Orange  
Township of Angelo  
or  
Inc. Town of .....  
or  
City of .....

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

No. 11479  
No. 11479

Registration District No. 25a6 Registered No. 45  
(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.)  
City of .....

(2) Full Name of Child James P. Petty

(3) SEX Boy (4) Type Full (5) Number in order of birth 7 (6) Age yes (7) DATE Feb 7 1923  
(8) If child is not yet named, make supplemental report as directed

## FATHER.

(9) FULL NAME Richard F. Petty  
(10) PRESENT POSTOFFICE OF FATHER Hartsmunster, N.C.  
(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 39 (Year)  
(13) BIRTHPLACE S.C.  
(14) OCCUPATION Farmer

## MOTHER.

(15) NAME BEFORE MARRIAGE Eva Paula Phillips  
(16) PRESENT POSTOFFICE OF MOTHER Hartsmunster, N.C.  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 34 (Year)  
(19) BIRTHPLACE S.C.  
(20) OCCUPATION House Wife  
(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) W. C. Stuckland M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hartsmunster

Given name added from a supplemental report

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

(27) Dated May 9 1923 (28) W. C. Stuckland Local Registrar.

\*When there was no attending physician or midwife, then the father, household, 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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