

## (1) PLACE OF BIRTH

County of YamhillTownship of Sumner

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64516

Registered No. 48  
(For use of Local Registrar)Registration District No. 2205(2) Full Name of Child John H. James

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>2</u> <small>Take account only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 17 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John James(9) PRESENT POSTOFFICE OF FATHER Princeton 1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Sumner Co S C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Shuster(15) PRESENT POSTOFFICE OF MOTHER Princeton 1 S C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Yamhill Co S C(19) OCCUPATION Salesman(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 alive at 9 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Pulliam(24) State whether Physician or Midwife. (25) Address of Physician or Midwife  
Morehead

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 16 1917 (28) C. D. Smith  
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.