

(1) PLACE OF BIRTH

County of Strom
Township of Free
or
Inc. Town of Highburg
or
City of _____

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

No. for State Register Only
3879

Registration District No. 2013 Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child

William James
If birth occurs in a hospital or other institution, give name of same instead of street and number.
If child is not yet named, make supplemental report as directed

3 SEX OR SEXES Boy (4) Twin or Triplet _____ (5) Number in order of birth _____
To be answered only in event of Twin or Triplet

FATHER.

6 FULL NAME W. J. James
7 PRESENT POSTOFFICE OF FATHER Highburg
8 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year) _____
9 BIRTHPLACE Strom
10 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE M. P. Pistor
15 PRESENT POSTOFFICE OF MOTHER Highburg
16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year) _____
18 BIRTHPLACE Strom
19 OCCUPATION Housewife
21 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ P. M.,
on the date above stated. _____ Hour _____ M. or P. M.)
(23) (Signature) Midwife (24) State whether Physician or Midwife _____
(25) Address of Physician or Midwife Highburg

When name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 15, 1923 (28) W. J. Pistor Local Registrar

When filed, the father, householder, etc., should sign and state if a child born alive or stillborn. No report is desired of children born stillborn.