

## (1) PLACE OF BIRTH

County of AndersonTownship of Piedmontor Inc. Town of PiedmontCity of Piedmont

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40769

Registration District No. 30Registered No. 95  
(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.)

(2) Full Name of Child Enreal James

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH.

Dec 31, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME D. H. James(9) PRESENT POSTOFFICE OF FATHER Piedmont(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Miner (wait?)(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha L. Loper(15) PRESENT POSTOFFICE OF MOTHER Piedmont(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) A. H. Campbell(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Piedmont

Given name added from a supplemental report

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

(27) Jan 2, 1923 (28) H. C. Filer  
Registrar 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.

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