

(1) PLACE OF BIRTH

County of Chester
 Township of Daywood
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10489

Registration District No. 1003Registered No. 10

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child James Archie

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? no (7) DATE OF BIRTH: Apr. 12, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Archie
 (9) PRESENT POSTOFFICE OF FATHER Richburg S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20
 (12) BIRTHPLACE Chester S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Kell Archie
 (15) PRESENT POSTOFFICE OF MOTHER Richburg S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE Chester Co.
 (19) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 2
 (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 4 A. M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Ann Caldwell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cornwell S.C.

Given name added from a supplemental report

(26) Witness _____

(Signature of Witness necessary only when question 21 is signed "yes")

Registrar

(27) Apr. 18, 1922 (28) D. S. Simpson 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.

When using this form, please use a SEPARATE BLANK FOR EACH CHILD, and mark the CHILD-BORN, No. 1, TRUE OTHER, No. 2, etc., in question 5.

MADE BY COLUMBIA, COLUMBIA, S. C.