

Form No. 1

(1) PLACE OF BIRTH

County of Lenoir
 Township of Am
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Register Only

3824

Registration District No. 100 Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child

1. SEX M 2. Time of Birth 10:00 AM 3. Number in order of birth 1
 To be completed only in event of Twins or Triplets

FATHER

4. Full Name James L. James
 5. Present Residence of Father Pamperico
 6. Color W 7. Age at last birthday 35
 8. Race W 9. Birthplace W
 10. Occupation Farmer

MOTHER
 11. Name before marriage Mrs. J. L. James
 12. Present Postoffice of Mother Pamperico
 13. Color W 14. Age at last birthday 35
 15. Race W 16. Birthplace W
 17. Occupation Farmer
 18. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive & full term
 at the home of the mother

(24) (Signature) Sylvia H. Hays (25) Address of Physician or Midwife Pamperico

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Sylvia H. Hays

When born - 11:00 AM Date of birth Oct 11, 1923 No report to be made if born at home