

(1) PLACE OF BIRTH

County of York
 Township of Beaufort
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 4401

No. for State Registrar Only
38048

Registered No. 82
 (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 James Henry Peterson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 30, 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Peterson

(9) PRESENT POSTOFFICE OF FATHER Smiths A. G.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44
 (Year)

(12) BIRTHPLACE A. G.

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Anna H. Gray

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25
 (Year)

(18) BIRTHPLACE A. G.

(19) OCCUPATION None

(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 4:00 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Gray M.D. (24) Address of Physician or Midwife Black Hill A. G.

Given name added from a supplement-
 al report

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

(26) Filed 11/1 19 23 (27) Local Registrar James

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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