

(1) PLACE OF BIRTH

County of Lynchburg
 Township of South
 or
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3034

Registration District No. 304Registered: No. 10
(For use of Local Registrar)(2) Full Name of Child James Wesley

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) Age Parents Married? Yes (7) DATE OF BIRTH Feb 7 22
 To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James W. W.
 (9) PRESENT POSTOFFICE OF FATHER James
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Year)
 (12) BIRTHPLACE Georgia
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE James Wesley
 (15) PRESENT POSTOFFICE OF MOTHER James
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)
 (18) BIRTHPLACE Georgia
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Lynchburg on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Lynette W. W.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. W.

(Direct name added from a supplemental report)

(26) Witness

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

(27) Filed Feb 8 1922(28) D. W. W. Adams

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.

MARGIN RESERVED FOR BINDING

WHICH PLACES WITH THE BUREAU OF VITAL STATISTICS, THIS IS A PRELIMINARY DISCOUNT. IF IN CASE OF LOSS OF THIS REPORT A REPLACEMENT IS MADE FOR EACH CHILD AND MARK THE FIRST QUARTER NO. 1, FULL CHILD NO. 2, etc. in question 3.

BUREAU OF VITAL STATISTICS, SCARLETT, S. C.