

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

File No. — For State Registrar Only
50730

(1) PLACE OF BIRTH

County of YellowburgTownship of Sunderor
Inc. Town of

City of

Registration District No. 4310Registered No. 5-
(For use of Local Registrar)

St.; Ward)

(No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)If child is not yet named, make
supplemental report as directed(2) Full Name of Child. James Eugene(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

(Take answer only in event of Twins or Triplets)

(6) Are yes
Parents
Married?(7) DATE OF Feb. 1. 6
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY 25
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 20
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
tal report

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Registrar

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed Feb. 1. 1911

(27) 1911

(28) J. A. Fitch
Local RegistrarWhen 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.