

Form No. 1

(1) PLACE OF BIRTH

County of Marion

Township of Marion

City of Marion

City of Marion

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District 2307

File No. — For State Registrar Only

4584

Registered No. 17

(2) Full Name of Child

James Starnes Jr

1) SEX Male

4) Twins or Triplets —

5) Number in order of birth 1

6) Are Parents Married Yes

7) DATE OF BIRTH July 12 1923

To be answered only in event of Twins or Triplets

FATHER.

MOTHER

2) FULL NAME James Starnes

3) PRESENT POSTOFFICE OF FATHER Marion

10) COLOR OR RACE White

12) BIRTHPLACE Marion

13) OCCUPATION Farmer

9) Number of children born to mother, including present birth 6

(14) NAME BEFORE MARRIAGE Thelma Moore

(15) PRESENT POSTOFFICE OF MOTHER Marion

(16) COLOR OR RACE White

(17) BIRTHPLACE Marion

(18) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) James Russell

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Marion

When name added from a Supplemental Report

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

(26) July 12 1923 (27) A. L. Newton Local Registrar

When there was no birth, or when the child was born, householders, etc., should make this return. No report is desired of stillbirths or miscarriages.