

(1) PLACE OF BIRTH

County of Lark
 Township of Winklock Creek
 or
 Inc. Town of

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

No. 5514

Registration District No. 4403 Registered No. 4
 (For use of Local Registrar)

City of (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 Arthur Dye If child is not yet named, make supplemental report as directed.

(a) SEX OR CHILD Boy (b) Twin or Triplet No (c) Number in order of birth 1 (d) Age of mother yes (e) DATE OF BIRTH Feb 15 28
 (f) (Name of Month) (Day) (Year)

FATHER
 (a) FULL NAME Iratt Dye
 (b) PRESENT RESIDENCE OF FATHER Sharon S.C.P.H.
 (c) COLOR OR RACE Black (d) AGE AT LAST BIRTHDAY 60
 (e) BIRTHPLACE York Co S.C.
 (f) OCCUPATION Farmer
 (g) Number of children born to mother, including present birth 17

MOTHER
 (a) NAME BEFORE MARRIAGE Mary Crosby
 (b) PRESENT RESIDENCE OF MOTHER Sharon S.C.P.H.
 (c) COLOR OR RACE Black (d) AGE AT LAST BIRTHDAY 38
 (e) BIRTHPLACE York Co S.C.
 (f) OCCUPATION House wife
 (g) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M.
 on the date above stated. (Born alive or stillborn) (A.M. or P.M.)
 (23) (Signature) Martha Brown
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sharon S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Feb 17 23 (28) W. C. Pinkard 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 stillborns before the fifth month of pregnancy.