

(1) PLACE OF BIRTH

County of Crawley
 Township of Orange
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

36000

Registration District No. 3613 Registered No. 150
 (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 Samuel James 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 8 - 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME York James
 (9) PRESENT POSTOFFICE OF FATHER Jamison S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Orby Co. S.C.
 (13) OCCUPATION Ham Laborer

MOTHER.
 (14) NAME BEFORE MARRIAGE Hattie Boyd
 (15) PRESENT POSTOFFICE OF MOTHER Jamison S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Orby Co. S.C.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 6 (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 alive at 12 noon on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Jenkins
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jamison S.C.

Given name added from a supplemental report

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

(27) Filed Oct 15 - 1922 (28) A. L. Toney 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.