

County of Hampton
Township of Lawton
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
26566

Registration District No. 7th. Registered No. 70
(For use of Local Registrar)
(No. St.; Ward)

(2) Full Name of Child Henry James If child is not yet named, make supplemental report as directed

3 BOY OR GIRL <u>Female</u>	4) Twin or Triplet? <u>None</u>	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH. <u>June 1, 1947</u> (Month) (Day) (Year)
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FATHER.
8 FULL NAME *Jack Young*

PRESENT POSTOFFICE OF FATHER *James D. Kirby*

10 COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *27* (Years)

12 BIRTHPLACE E. C.

12 OCCUPATION

22 Number of children home to

CERTIFICATE OF ATTENDING

(14) NAME BEFORE MARRIAGE *(Name)*

(15) PRESENT POSTOFFICE OF MOTHER *W. M. S. C. R. D. 5th*

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19

(18) BIRTHPLACE

19) OCCUPATION

[illegible]

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

PHYSICIAN OR MIDWIFE*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Debra Martin*

(24) State whether Physician or Midwife _____ Address of Physician or Midwife _____

Given name added from a supplemental report

(26) Witness W. S. Nichols

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

(27) Filed 6/9/10 27 (28) 2. (29) 2. (30) 2. (31) 2. (32) 2. (33) 2. (34) 2. (35) 2. (36) 2. (37) 2. (38) 2. (39) 2. (40) 2. (41) 2. (42) 2. (43) 2. (44) 2. (45) 2. (46) 2. (47) 2. (48) 2. (49) 2. (50) 2. (51) 2. (52) 2. (53) 2. (54) 2. (55) 2. (56) 2. (57) 2. (58) 2. (59) 2. (60) 2. (61) 2. (62) 2. (63) 2. (64) 2. (65) 2. (66) 2. (67) 2. (68) 2. (69) 2. (70) 2. (71) 2. (72) 2. (73) 2. (74) 2. (75) 2. (76) 2. (77) 2. (78) 2. (79) 2. (80) 2. (81) 2. (82) 2. (83) 2. (84) 2. (85) 2. (86) 2. (87) 2. (88) 2. (89) 2. (90) 2. (91) 2. (92) 2. (93) 2. (94) 2. (95) 2. (96) 2. (97) 2. (98) 2. (99) 2. (100) 2. (101) 2. (102) 2. (103) 2. (104) 2. (105) 2. (106) 2. (107) 2. (108) 2. (109) 2. (110) 2. (111) 2. (112) 2. (113) 2. (114) 2. (115) 2. (116) 2. (117) 2. (118) 2. (119) 2. (120) 2. (121) 2. (122) 2. (123) 2. (124) 2. (125) 2. (126) 2. (127) 2. (128) 2. (129) 2. (130) 2. (131) 2. (132) 2. (133) 2. (134) 2. (135) 2. (136) 2. (137) 2. (138) 2. (139) 2. (140) 2. (141) 2. (142) 2. (143) 2. (144) 2. (145) 2. (146) 2. (147) 2. (148) 2. (149) 2. (150) 2. (151) 2. (152) 2. (153) 2. (154) 2. (155) 2. (156) 2. (157) 2. (158) 2. (159) 2. (160) 2. (161) 2. (162) 2. (163) 2. (164) 2. (165) 2. (166) 2. (167) 2. (168) 2. (169) 2. (170) 2. (171) 2. (172) 2. (173) 2. (174) 2. (175) 2. (176) 2. (177) 2. (178) 2. (179) 2. (180) 2. (181) 2. (182) 2. (183) 2. (184) 2. (185) 2. (186) 2. (187) 2. (188) 2. (189) 2. (190) 2. (191) 2. (192) 2. (193) 2. (194) 2. (195) 2. (196) 2. (197) 2. (198) 2. (199) 2. (200) 2. (201) 2. (202) 2. (203) 2. (204) 2. (205) 2. (206) 2. (207) 2. (208) 2. (209) 2. (210) 2. (211) 2. (212) 2. (213) 2. (214) 2. (215) 2. (216) 2. (217) 2. (218) 2. (219) 2. (220) 2. (221) 2. (222) 2. (223) 2. (224) 2. (225) 2. (226) 2. (227) 2. (228) 2. (229) 2. (230) 2. (231) 2. (232) 2. (233) 2. (234) 2. (235) 2. (236) 2. (237) 2. (238) 2. (239) 2. (240) 2. (241) 2. (242) 2. (243) 2. (244) 2. (245) 2. (246) 2. (247) 2. (248) 2. (249) 2. (250) 2. (251) 2. (252) 2. (253) 2. (254) 2. (255) 2. (256) 2. (257) 2. (258) 2. (259) 2. (260) 2. (261) 2. (262) 2. (263) 2. (264) 2. (265) 2. (266) 2. (267) 2. (268) 2. (269) 2. (270) 2. (271) 2. (272) 2. (273) 2. (274) 2. (275) 2. (276) 2. (277) 2. (278) 2. (279) 2. (280) 2. (281) 2. (282) 2. (283) 2. (284) 2. (285) 2. (286) 2. (287) 2. (288) 2. (289) 2. (290) 2. (291) 2. (292) 2. (293) 2. (294) 2. (295) 2. (296) 2. (297) 2. (298) 2. (299) 2. (300) 2. (301) 2. (302) 2. (303) 2. (304) 2. (305) 2. (306) 2. (307) 2. (308) 2. (309) 2. (310) 2. (311) 2. (312) 2. (313) 2. (314) 2. (315) 2. (316) 2. (317) 2. (318) 2. (319) 2. (320) 2. (321) 2. (322) 2. (323) 2. (324) 2. (325) 2. (326) 2. (327) 2. (328) 2. (329) 2. (330) 2. (331) 2. (332) 2. (333) 2. (334) 2. (335) 2. (336) 2. (337) 2. (338) 2. (339) 2. (340) 2. (341) 2. (342) 2. (343) 2. (344) 2. (345) 2. (346) 2. (347) 2. (348) 2. (349) 2. (350) 2. (351) 2. (352) 2. (353) 2. (354) 2. (355) 2. (356) 2. (357) 2. (358) 2. (359) 2. (360) 2. (361) 2. (362) 2. (363) 2. (364) 2. (365) 2. (366) 2. (367) 2. (368) 2. (369) 2. (370) 2. (371) 2. (372) 2. (373) 2. (374) 2. (375) 2. (376) 2. (377) 2. (378) 2. (379) 2. (380) 2. (381) 2. (382) 2. (383) 2. (384) 2. (385) 2. (386) 2. (387) 2. (388) 2. (389) 2. (390) 2. (391) 2. (392) 2. (393) 2. (394) 2. (395) 2. (396) 2. (397) 2. (398) 2. (399) 2. (400) 2. (401) 2. (402) 2. (403) 2. (404) 2. (405) 2. (406) 2. (407) 2. (408) 2. (409) 2. (410) 2. (411) 2. (412) 2. (413) 2. (414) 2. (415) 2. (416) 2. (417) 2. (418) 2. (419) 2. (420) 2. (421) 2. (422) 2. (423) 2. (424) 2. (425) 2. (426) 2. (427) 2. (428) 2. (429) 2. (430) 2. (431) 2. (432) 2. (433) 2. (434) 2. (435) 2. (436) 2. (437) 2. (438) 2. (439) 2. (440) 2. (441) 2. (442) 2. (443) 2. (444) 2. (445) 2. (446) 2. (447) 2. (448) 2. (449) 2. (450) 2. (451) 2. (452) 2. (453) 2. (454) 2. (455) 2. (456) 2. (457) 2. (458) 2. (459) 2. (460) 2. (461) 2. (462) 2. (463) 2. (464) 2. (465) 2. (466) 2. (467) 2. (468) 2. (469) 2. (470) 2. (471) 2. (472) 2. (473) 2. (474) 2. (475) 2. (476) 2. (477) 2. (478) 2. (479) 2. (480) 2. (481) 2. (482) 2. (483) 2. (484) 2. (485) 2. (486) 2. (487) 2. (488) 2. (489) 2. (490) 2. (491) 2. (492) 2. (493) 2. (494) 2. (495) 2. (496) 2. (497) 2. (498) 2. (499) 2. (500) 2. (501) 2. (502) 2. (503) 2. (504) 2. (505) 2. (506) 2. (507) 2. (508) 2. (509) 2. (510) 2. (511) 2. (512) 2. (513) 2. (514) 2. (515) 2. (516) 2. (517) 2. (518) 2. (519) 2. (520) 2. (521) 2. (522) 2. (523) 2. (524) 2. (525) 2. (526) 2. (527) 2. (528) 2. (529) 2. (530) 2. (531) 2. (532) 2. (533) 2. (534) 2. (535) 2. (536) 2. (537) 2. (538) 2. (539) 2. (540) 2. (541) 2. (542) 2. (543) 2. (544) 2. (545) 2. (546) 2.

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.

W. F. Ellis L R