

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of.....
 or
 City of.....

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

No. 38121 - By State Registrar Only

Registration District No. 4400 Registered No. 126
 (For use of Local Registrar)

(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

If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov. 8, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don't know
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE
 (11) AGE AT LAST BIRTHDAY (Year)
 (12) BIRTHPLACE
 (13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Arthur
 (15) PRESENT POSTOFFICE OF MOTHER York #1
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE York Co.
 (19) OCCUPATION Domestic

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mary

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife York #1

Given name added from a supplemental report

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

(27) Filed Nov. 8, 1923 (28) Prater 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.