

rec viib # 4812

(1) PLACE OF BIRTH

County of Cherokee
 Township of Upper
 or
 Inc. Town of Forster
 or
 City of Forster

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4812

Registration District No. 3405 Registered No. 28
 (For use of Local Registrar)

(2) Full Name of Child

If birth occurs in a hospital or other institution, give name of same instead of street and number.)
James Marcus James

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

3. BOY OR GIRL

(4) Twin or Triplet
 To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

7. DATE OF BIRTH Feb 10 1923
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Thomas Henry James9. PRESENT POSTOFFICE OF FATHER Paicen S.S.10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)12. BIRTHPLACE Harey Virey S.S.13. OCCUPATION Farmer20. Number of children born to mother, including present birth 6

MOTHER.

14. NAME BEFORE MARRIAGE Elizabeth James15. PRESENT POSTOFFICE OF MOTHER Paicen S.S.16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)18. BIRTHPLACE Harey Virey S.S.19. OCCUPATION Domestic(21) 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...
 on the date above stated.

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1923

(28)

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.