

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5583

Registered No. 17

(For use of Local Registrar)

2) Full Name of Child James Wesley Mims

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(to be answered only in case of twins or triplets)

(5) Number in order of birth

FATHER.

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

Frances Kennedy

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville, S.C. R. 3 P.

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

38

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farming

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature) J. S. Mims

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Medicine, Abbeville, S.C. R. 3 P.

(26) Witness J. S. Mims (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/24/34 1934 (28) J. S. Mims 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.

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