

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Georgetown

Township of Y

OR  
Inc. Town of

OR  
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

4248

Registration District No. 2116.... Registered No. 11....  
(For use of Local Registrar)

(2) Full Name of Child

James L. Plummer

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 16 1922  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

J. L. Plummer

(9) PRESENT POSTOFFICE OF FATHER

Bolton N.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

2.5  
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Electrician

MOTHER

(14) NAME BEFORE MARRIAGE

Miss Plummer

(15) PRESENT POSTOFFICE OF MOTHER

Waverlyville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

17  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

12

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 19 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Miss Plummer

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Waverlyville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 20 1922

(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.