

(1) PLACE OF BIRTH

County of Georgetown
 Township of South
 OF
 Inc. Town of
 OF
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3915

Registration District No. 21.00 Registered No. 8
 (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 Joseph If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married married (7) DATE OF BIRTH Feb 24, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Joseph
 (9) PRESENT POSTOFFICE OF FATHER Georgetown
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 48
 (12) BIRTHPLACE Georgetown County
 (13) OCCUPATION Cann. & Labor
 (20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Pinal
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE Georgetown County
 (19) OCCUPATION Housewife
 (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 alive at M.,
 on the date above stated. Born alive or stillborn Hour . M. or P. M.)

(23) (Signature) Rebecca Pinal
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed March 8, 1923 (28) E. D. Hatcher 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.

MASSACHUSETTS BUREAU OF VITAL STATISTICS.
 WITH A SEPARATE FORM FOR A PERMANENT RECORD.
 WRITE PLAINLY.
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 1.