

(1) PLACE OF BIRTH

County of OrangeburgTownship of OrangeburgInc. Town of OrangeburgCity of Orangeburg

(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

23380

Registration District No. 3601 Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child James William Perry If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 26, 1912</u>
To be answered only in event of Twins or Triplets			Name of Month (Day) (Year)	

FATHER.

(8) FULL NAME Walter Perry(9) PRESENT RESIDENCE OF FATHER Orangeburg, S.C.(10) COLOR White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Orangeburg, S.C.(13) OCCUPATION Housewife(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Abner's wife(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.(16) COLOR White (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Orangeburg, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) 9 A. M.(22) (Signature) H. J. Thomas(23) State whether Physician or Midwife (24) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug 9 1912 (28) Preston Ott 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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