

(1) PLACE OF BIRTH
Florence

County of

Township of

OR
Inc. Town of

or Florence

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

64263

Registration District No. 70-A Registered No. 142

(For use of Local Registrar)

(2) Full Name of Child James Lawrence Windham

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

(3) BOY OR GIRL boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH June 8th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Lawrence Windham

(9) PRESENT POSTOFFICE OF FATHER Florence S C

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE S C

(13) OCCUPATION mechanic

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Lila Roykin

(15) PRESENT POSTOFFICE OF MOTHER Florence S C

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE S C

(19) OCCUPATION domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary A. ...

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

Physician

Florence 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 June 14 1916 (28) M. A. Jaeger 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.

Registrar

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FORM NO. 5. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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 5. N. B.—McCraw of Columbia

McCraw