

(1) PLACE OF BIRTH

County of OrangeTownship of Orange

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

52169

Registration District No. 2007 Registered No. 129

(For use of Local Registrar)

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

(3) 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>No</u>	(7) DATE OF BIRTH <u>Mar 10, 1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME X X

(9) PRESENT POSTOFFICE OF FATHER _____

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

(12) BIRTHPLACE _____

(13) OCCUPATION _____

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann James(15) PRESENT POSTOFFICE OF MOTHER Mars Bluff - S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Mars Bluff - S.C.(19) OCCUPATION Field Hand(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 or stillborn at 6:30 A.M. on the date above stated. (If born alive or stillborn) (If A. M. or P. M.)(23) (Signature) Josephine P. Smith(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Mars Bluff - S.C.

Given name added from a supplemental report

181

Registrar

(25) Witness B. Byrd (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Mar 10, 1916 (27) Mrs. J. P. King 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.

Deputy