

(1) PLACE OF BIRTH

County of *G.ville*

Township of

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

Registration District No. *22A*No. *32504*

32504

Registered No.

(For use of Local Registrar)

(No. *Augusta Road* St.; Ward)(2) Full Name of Child *James Grayton Colmes*

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

(3) SEX OR
CHILD *Boy*(4) Twin
or Triplet
To be answered only in event of Twins or Triplets(5) Number in
order of birth(6) Age
From
Married *yes*(7) DATE OF
BIRTH *Feb. 4, 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *James Grayton Colmes*(9) PRESENT
RESIDENCE
OF FATHER *G.ville, S.C.*(10) COLOR
OR
RACE *White* (11) AGE AT LAST
BIRTHDAY *31*
(Years)(12) BIRTHPLACE
Woodruff, S.C.(13) OCCUPATION
Merchant(14) Number of children born to
mother, including present birth *2*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Irene Leland Kestner*(15) PRESENT
RESIDENCE
OF MOTHER *G.ville, S.C.*(16) COLOR
OR
RACE *White* (17) AGE AT LAST
BIRTHDAY *28*
(Years)(18) BIRTHPLACE
Pelham, S.C.(19) OCCUPATION
Dr. W.(20) Number of children of this mother
now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *Alive* at *4:20 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Thos. D. Sparkman*(23) State whether Physician or Midwife *Phys.* (24) Address of Physician or Midwife
*Summerville, S.C.*Given name added from a supplement-
tal report(25) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed *Oct 13, 1923* (27) *C. E. Smith*
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.