

(1) PLACE OF BIRTH

County of AndersonTownship of 11Inc. Town of 11City of 11

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

2754

Registration District No. 3A Registered No. 37

(For use of Local Registrar)

(3) Is child male? Yes (4) Is child illegitimate? No (5) Is child in order of birth 1 (6) Are parents married? Yes (7) DATE OF BIRTH Feb. 13, 1911 (Name of Month) (Day) (Year)FATHER. FULL NAME James B. Bays(8) PRESENT POSTOFFICE OF FATHER Anderson(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 27 (Years)(11) BIRTHPLACE S.C.(12) OCCUPATION mill apt(13) Number of children born to mother, including present birth OneMOTHER. (14) NAME BEFORE MARRIAGE Ida Bays(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at full term (Born alive at full term) (Hour A. M. or P. M.)

on the date above stated.

(22) (Signature) J. H. Anderson

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

When name added from a supplemental report

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Registrar

(25) Witness

(Signature of J. H. Anderson) when question is asked(26) Filed 191 (27) ANDERSON, J. H. 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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