

(1) PLACE OF BIRTH

County of BethTownship of Union

City of

St. of

Ward of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37338

Registration District No. 617 Registered No. 162

(For use of Local Registrar)

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

Full Name of Child James { If child is not yet named, make supplemental report as directed

BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 8 1912</u>
(Name of Month) (Day) (Year)				

FATHER.		MOTHER	
(1) FULL NAME <u>Sam Jones</u>	(14) NAME BEFORE MARRIAGE <u>Rebecca Mullins</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC</u>	(16) COLOR OR RACE <u>Wm</u>
(2) PRESENT POSTOFFICE OF FATHER <u>Union SC</u>	(17) AGE AT LAST BIRTHDAY <u>41</u>	(18) BIRTHPLACE <u>Keaus Teen SC</u>	(19) OCCUPATION <u>Farmer</u>
(3) AGE AT LAST BIRTHDAY <u>41</u>	(20) BIRTHPLACE <u>Keaus Teen SC</u>	(21) OCCUPATION <u>Farmer</u>	(22) Number of children of this mother now living, including present birth <u>Seven</u>
(4) BIRTHPLACE <u>Keaus Teen SC</u>	(23) OCCUPATION <u>Farmer</u>		
(5) OCCUPATION <u>Farmer</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Ann Jones

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

Given name added from a supplemental report	(26) Witness <u>M. K. K. K.</u>
....., 191.....	(Signature of Witness necessary only when question 23 is signed by mark)
..... Registrar	(27) Filed <u>11/16/12</u> (28) <u>J. B. Thomas</u> 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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