

(1) PLACE OF BIRTH

County of LaurensTownship of Sullivanor
Inc. Town of Gray Courtor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19285

Registration District No. 2906 Registered No. 36

(For use of Local Registrar)

(No. 1 St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child James Walter Ezell Phelps If child is not yet named, make supplemental report as directed3. 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 18, 1922
(Name of Month) (Day) (Year)FATHER
8. FULL NAME Samuel Phelps9. PRESENT POSTOFFICE OF FATHER Gray Court, R.T.D. 110. COLOR OR RACE Colored negro 11. AGE AT LAST BIRTHDAY 27
(Years)12. BIRTHPLACE Cwings, S.C.13. OCCUPATION Lumberman Farmer20. Number of children born to mother, including present birth Four (4)MOTHER
(14) NAME BEFORE MARRIAGE Carrie Lou Phelps(15) PRESENT POSTOFFICE OF MOTHER Gray Court, R.T.D. 1(16) COLOR OR RACE Colored negro (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic Housewife(21) Number of children of this mother now living, including present birth Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Savannah Madison(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gray Court, S.C.

Given name added from a supplemental report

(26) Witness L. A. Bell
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 3, 1922 (28) Mrs. L. Sullivan
Registrar 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.