

(1) PLACE OF BIRTH

County of BarnwellTownship of Salisburyor
Inc. Town of Salisburyor
City of Salisbury

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
303

Registration District No. 104 Registered No. 1
(For use of Local Registrar)St. 1 Ward 1

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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>NO</u>	(7) DATE OF BIRTH <u>19 19 19</u> (Name of Month) (Day) (Year)
----------------------------	----------------------	------------------------------	------------------------------------	---

FATHER.

(8) FULL NAME Wm. J. ...

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(11) AGE AT LAST BIRTHDAY ...
(Year)

MOTHER.

(14) NAME BEFORE MARRIAGE William ...(15) PRESENT POSTOFFICE OF MOTHER ...(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 38
(Year)(18) BIRTHPLACE Barnwell Co. S.C.(19) OCCUPATION ...(20) Number of children born to mother, including present birth 1(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) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Walter James(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife ...

Given name added from a supplemental report

Walter James... 19 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed ... 19 ... (28) 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.

IN B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.