

(1) PLACE OF BIRTH

County Laurens

Township of

Inc. Town of

City of Laurens

(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

File No. 41389/9Registration District No. 24Registered No. 278

(For use of local authorities)

(2) Full Name of Child James Burton Bagwell

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

(3) BOY OR GIRL Boy

(4) TYPE OF BIRTH

(5) NUMBER OF CHILDREN BORN TO MOTHER

(6) Are you Parent Married?

(7) DATE OF BIRTH Dec. 1, 1920
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Franklin Bagwell(9) PRESENT POSTOFFICE OF FATHER Laurens, SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Insurance agent(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie May Julian(15) PRESENT POSTOFFICE OF MOTHER Laurens SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(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 born alive or stillborn (Hour A. M. or P. M.) on the date above stated.(22) (Signature) J. P. Deane(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 12/15/20 (27) 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.