

## (1) PLACE OF BIRTH

County of *York*Township of *Honore*

Inc. Town of .....

City of .....

(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

No. 1a.—For State Registrar Only  
19840

Registration District No. ....

Registered No. *105*  
(For use of Local Registrar)(2) Full Name of Child *James Gerrell*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

(5) Number in order of birth

(6) Age at birth *yes*(7) DATE OF BIRTH *July 5, 1923*

(Month of Birth) (Day) (Year)

## FATHER.

(8) FULL NAME *Ben Gerrell Magara*(9) PRESENT POSTOFFICE OF FATHER *Honore Pata 81*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *28*

(Year)

(12) BIRTHPLACE *Anderson Co*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Annies Lois Smith*(15) PRESENT POSTOFFICE OF MOTHER *Honore Pata 81*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *18*

(Year)

(18) BIRTHPLACE *Anderson County*(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was ... *alive* ... at *10<sup>00</sup>* ... on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. B. Williams*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Honore Pata 81*

Given name added from a supplemental report

(26) Witness .....

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

(27) Date *July 31, 1923* (28) *J. B. Williams* 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.

month of pregnancy.