

(1) PLACE OF BIRTH

County of Anderson  
Township of Broadway  
or  
Inc. Town of .....

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

File No.—For State Registrar Only  
**17495**

Registration District No. .... Registered No. 35  
(For use of Local Registrar)

(No. .... 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 Floyd Baggs If child is not yet named, make supplemental report as directed

3 BOY OR GIRL BOY 4 Twin or Triplet? No 5 Number in order of birth 1st 6 Are Parents Married? Yes 7 DATE OF BIRTH June 17, 1922  
(Specify of Month) (Day) (Year)

FATHER.  
8 FULL NAME Julius Floyd Baggs  
9 PRESENT POSTOFFICE OF FATHER Anderson  
10 COLOR OR RACE W 11 AGE AT LAST BIRTHDAY 20 (Years)  
12 BIRTHPLACE And Gae  
13 OCCUPATION farmer  
20 Number of children born to mother, including present birth 1

MOTHER.  
14 NAME BEFORE MARRIAGE Daisy Ophelia Hagie  
15 PRESENT POSTOFFICE OF MOTHER Anderson  
16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 16 (Years)  
18 BIRTHPLACE And Gae  
19 OCCUPATION Housewife  
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 ..... at 3:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. D. Smithers M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report  
.....  
....., 19 .....

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

(27) Filed July 10, 1922 (28) W. C. Campbell 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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REGISTRAR OF DEATHS, COLUMBIA, S. C.