

(1) PLACE OF BIRTH

County of AndersonTownship of Broadway

or

Inc. Town of

or

City 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 <u>GIRL</u>	4 Twin or Triplet? To be answered only in case of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>June 17, 1922</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Julius Floyd Baggs</u>			14 NAME BEFORE MARRIAGE <u>Daisy Ophelia Hagie</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Anderson</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>	
10 COLOR OR RACE <u>W</u>	11 AGE AT LAST BIRTHDAY <u>20</u> (Years)		16 COLOR OR RACE <u>W</u>	17 AGE AT LAST BIRTHDAY <u>16</u> (Years)
12 BIRTHPLACE <u>And Gae</u>			18 BIRTHPLACE <u>And Gae</u>	
13 OCCUPATION <u>farmer</u>			19 OCCUPATION <u>Housewife</u>	
20 Number of children born to mother, including present birth <u>1</u>			21 Number of children of this mother now living, including present birth <u>1</u>	

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

Given name added from a supplemental report

(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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