

## (1) PLACE OF BIRTH

County of BambergTownship of see 002 51-5055Inc. Town of BambergCity of Bamberg

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4A

No. 10.—For State Registrar Only

31021

Registered No. 33  
(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 Herold (If child is not yet named, make supplemental report as directed)(3) SEX Boy (4) Twin or Triplet — (5) Number in order of birth 1 (6) Age of mother 24 (7) DATE OF BIRTH 10/14/23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edgar M. S. Miller(9) PRESENT RESIDENCE OF FATHER Bamberg SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Bamberg Co SC(13) OCCUPATION Saw miller(14) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel M. Jorgensen(15) PRESENT RESIDENCE OF MOTHER Bamberg SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Year)(18) BIRTHPLACE Bamberg Co SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... Born alive ...at... 7:30 P.M. ...on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Robt. Black(23) State whether Physician or Midwife ma(24) Address of Physician or Midwife Bamberg SC

Given name added from a supplemental report

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

(26) Filed 10/15/23 (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.

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WRITE PLAINLY, WITH SPACING, IN THE SPACES PROVIDED. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Statistics, Columbia, S. C.