

(1) PLACE OF BIRTH

County of C YorkTownship of C YorkInc. Town of C YorkCity of C York

(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.—For State Registrar Only

30666

Registration District No. 4406Registered No. 112

(For use of Local Registrar)

(2) Full Name of Child James Thomas Wickham

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

(1) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? No(7) DATE OF BIRTH Sept. 20, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Barnett(9) PRESENT POSTOFFICE OF FATHER York, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 17 (Years)(12) BIRTHPLACE York, S.C.(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Wickham(15) PRESENT POSTOFFICE OF MOTHER York, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE York, S.C.(19) OCCUPATION Teacher(20) 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 born alive at York, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edith Wickham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York, 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 Sept 20, 1923

(28)

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.