(1) PLACE OF BIRTH

County of Anderson

Township of Fork

or

Inc. Town of ..... Registration District No. 305 Registered No. 80

or (For use of Local Registrar)

City of ..... (No. ..... St.; ..... Ward)

(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
71266

(2) Full Name of Child Gracie James { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth 6 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Aug. 27, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George James

(9) PRESENT POSTOFFICE OF FATHER Townville S.C R#2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Habersham Co - Ga

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Smith

(15) PRESENT POSTOFFICE OF MOTHER Townville S.C R#2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Franklin Co., Ga.

(19) OCCUPATION House keeper

(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Haberm M.D.

(24) State whether Physician or Midwife: Physician | (25) Address of Physician or Midwife: Townville S.C

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Sept 4 1916 (28) R. H. McElain
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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