

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

File No.—For State Registrar Only
91860

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Springfield
 or
 Inc. Town of Registration District No. 211 Registered No. 110
 or
 City of (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 Lawrence } 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 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 2 1915
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(6) FULL NAME <u>James C. ...</u>	(14) NAME BEFORE MARRIAGE <u>John - Heart ...</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Springfield ...</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Springfield ...</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Springfield ...</u>	(18) BIRTHPLACE <u>Springfield ...</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Springfield ...

Given name added from a supplemental report 191.....
 Registrar [Signature]
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
 (27) Filed Dec 25 1915 (28) [Signature] 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.
 WHITE FAMILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.