

(1) PLACE OF BIRTH

County of Laurens

Township of Laurens

or
Inc. Town of

or
City of

(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
43306

Registration District No. 1904

Registered No. 150

(For use of Local Registrar)

(2) Full Name of Child James Ed. Lollis Jr.

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

(3) BOY OR GIRL Me

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE BIRTH Nov. 13, 1912

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Ed Lollis

(9) PRESENT POSTOFFICE OF FATHER Laurens, S.C. Rt 5

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE Anderson Co., S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Ridge

(15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C. Rt 5

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Abbeville Co., S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 11-20-12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jesse H. League

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens, S.C.

(26) Witness

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

(27) File

1912

(28)

1912

Local Registrar

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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