

(1) PLACE OF BIRTH

County of BambergTownship of 3 Miles

Inc. Town of

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

Registration District No. 404 Registered No. 11
(For use of Local Registrar)

No. for State Registrar Only

296

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>X</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>5th</u>	(6) Age Parent married <u>yes</u>	(7) DATE OF BIRTH <u>Jan 18 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Easley

(9) PRESENT POSTOFFICE OF FATHER Ennards S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Year)

(12) BIRTHPLACE Bamberg S.C.

(13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Cole

(15) PRESENT POSTOFFICE OF MOTHER Ennards S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Year)

(18) BIRTHPLACE Bamberg S.C.

(19) OCCUPATION housewife

20. Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:22 M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) W. D. Howard(24) State whether Physician or Midwife MD(25) Address of Physician or Midwife Ennards 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 1-19-23 (28) W. D. Howard 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.

REMARKS: EXAMINED FOR BIRTH RECORDS. WITH UPWARD INC.—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Bureau of Vital Statistics, Columbia, S.C.