

(1) PLACE OF BIRTH

County of HamptonTownship of Hamptonor
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

File No.—For State Registrar Only

40919

Registration District No. 400Registered No. 177

(For use of Local Registrar)

2) Full Name of Child John James

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

(3) BOY OR

GIRL

(4) ~~Was~~
or Triplet?

To be answered only in case of twins or triplets

(5) Number in
order of birth 3(6) Are
Parents
Married? Yes(7) DATE OF 12 30 1923

BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMECharles A. Flake(9) PRESENT
POSTOFFICE
OF FATHERDenmark SC(10) COLOR
OR
RACECR(11) AGE AT LAST
BIRTHDAY 20
(Years)

(12) BIRTHPLACE

Alabama

(13) OCCUPATION

Boardman(20) Number of children born to
mother, including present birth3

MOTHER.

(14) NAME BEFORE
MARRIAGEWillie Murphy(15) PRESENT
POSTOFFICE
OF MOTHERDenmark SC(16) COLOR
OR
RACECR(17) AGE AT LAST
BIRTHDAY 23
(Years)

(18) BIRTHPLACE

Alabama

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

..... 191.....

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 1/8 1923

..... 191.....

(28)

John Coover

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.When there was no attending physician or midwife, then the father, householder, etc., should make this return. If
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