

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Partonburg

(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

5658

Registration District No. 40-0 Registered No. 49
(For use of Local Registrar)(2) Full Name of Child James Berkley Lillian (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Jan. 29th 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lucious C. Lillian

(9) PRESENT POSTOFFICE OF FATHER

Partonburg

(10) COLOR OR RACE

Colord

(11) AGE AT LAST BIRTHDAY

28
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

Truck Driver

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Iola Ray

(15) PRESENT POSTOFFICE OF MOTHER

Partonburg

(16) COLOR OR RACE

Colord

(17) AGE AT LAST BIRTHDAY

22
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

Union County

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Evans

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Midwife 68 Concord St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

3-1-192222Jas. Coffey

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.