

1) PLACE OF BIRTH

County of Kershaw  
 Township of Seneca  
 or  
 Town of .....

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

No. for State Registrar  
**14580**

Registration District No. 2701 Registered No. 67  
 (For use of Local Registrar)

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

3) SEX OF CHILD Boy 4) TWIN or TRIPLE ☒ 5) NUMBER IN ORDER OF BIRTH 1 6) DATE OF BIRTH 3 10 2  
 To be given only in case of Twin or Triple (Name of Month) (Day) (Year)

**FATHER**  
 7) FULL NAME James Starnes  
 8) PRESENT RESIDENCE OF FATHER Camden S.C.  
 9) COLOR OR RACE W.C. 10) AGE AT LAST BIRTHDAY 73 (Year)  
 11) BIRTHPLACE N.C.  
 12) OCCUPATION Laborer  
 13) Number of children born to mother, including present birth 4

**MOTHER**  
 14) NAME BEFORE MARRIAGE Lillian Grooms  
 15) PRESENT RESIDENCE OF MOTHER Camden S.C.  
 16) COLOR OR RACE W.C. 17) AGE AT LAST BIRTHDAY 18 (Year)  
 18) BIRTHPLACE Camden S.C.  
 19) OCCUPATION Domestic  
 20) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 21) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)  
 22) (Signature) J. H. Thomas  
 23) State whether Physician or Midwife Physician 24) Address of Physician or Midwife Camden S.C.

Given name added from a supplemental report  
 25) Witness (Signature of Witness necessary only when question 21 is signed by a physician)  
May 18 20 26) 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.