

SAMPLE REMOVED FOR REPAIRS
 THIS CERTIFICATE IS TO BE USED AS A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Horry
 Township of Comway
 or
 Inc. Town of

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

File No.—For State Registrar Only
90337

Registration District No. 2582 Registered No. 214
 (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 James Millard

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 22, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME George P Hux

(9) PRESENT POSTOFFICE OF FATHER Comway, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Horry Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Roberts

(15) PRESENT POSTOFFICE OF MOTHER Comway, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Horry Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Salie Powell
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Comway 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 Dec 20, 1916 (28) Adogies 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.