

MARGIN RESERVED FOR RECORDING
WITH UNPAID BILLS—THIS IS A SEPARATE BLANK FOR EACH CHILD.
ONE OF THESE OR THE OTHER, NO. 2, CAN BE USED.

(1) PLACE OF BIRTH
Horry
County of *Horry*
Township _____
or _____
Inc. Town of *Sullivans*
or _____
City of _____
(If birth in hospital or other institution, give name or name instead of street and number.)

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

No. — For State Register Only

4420

Registration District No. *29.06* Registered No. *S* _____
(For use of Local Registrar)

(2) Full Name of Child *James Mahon* If child is not yet named, make
supplemental report as directed

(3) Sex *Boy* (4) Twin or Triplet *✓* (5) Number in order of birth *4* (6) Age at present *2y.* (7) Date of birth *Dec 03 1938*
To be answered only in event of Twins or Triplets
(Month) (Day) (Year)

(8) FULL NAME <i>James Mahon</i>		(9) PRESENT POSTOFFICE OF FATHER <i>Grey Court S.C. #4</i>		(10) COLOR OR RACE <i>White</i>		(11) AGE AT LAST BIRTHDAY <i>86w32</i>		(12) BIRTHPLACE <i>S.C.</i>		(13) MOTHER'S NAME <i>Mary Smith</i>		(14) PRESENT POSTOFFICE OF MOTHER <i>Grey Court S.C.</i>		(15) COLOR OR RACE <i>White</i>		(16) BIRTHPLACE <i>S.C.</i>		(17) AGE AT LAST BIRTHDAY <i>32</i>		(18) OCCUPATION <i>Farmer</i>		(19) OCCUPATION <i>Housework</i>	
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(20) Number of children born to mother, including present birth *4* (21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10.4* M.
(Hour A.M. or P.M.)
on the date above stated.

(23) Name of physician or midwife <i>H. M. Stewart</i>	(24) Address of physician or midwife <i>Greenville S.C.</i>
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Given *3rd Dec 1938* at *Greenville S.C.*

(25) Witness *J. W. G. Jackson* Signature of witness necessary only
when question 26 is answered by *no*.

(26) Is there any other doctor, etc., should make this return.
No report is desired of stillbirths
or deaths of newborn babies.