

MARGIN RESERVED FOR BINDING.
WHITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Greenwood</u> Township of <u>Halmitone</u> or Inc. Town of or City of <u>Wau Shoals, Mo.</u> (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 4520	
Registration District No. <u>2314</u>		Registered No. <u>10</u> (For use of Local Registrar)			
(2) Full Name of Child <u>James Furman Fox</u>		St.: Ward: (If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Fox</u>			(14) NAME BEFORE MARRIAGE <u>Lillian Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wau Shoals SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wau Shoals SC</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Greenville S.C.</u>			(18) BIRTHPLACE <u>Hart Co Ia</u>		
(13) OCCUPATION <u>lumber mill</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Lillian Smith</u> at <u>3:30</u> P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. B. Workman</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Wau Shoals, Mo.</u>					
Given name added from a supplemental report 19			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>John Butler</u>		
..... 19			(27) Filed <u>Mar 2 1922</u> (28) <u>John Butler</u> 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.

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