

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

18775

Registration District No. 2204

Registered No. 77
(For use of Local Registrar)

(2) Full Name of Child

James Madison Custer

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

3) BOY OR GIRL?

Girl

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

Yes

7) DATE OF

BIRTH: June 3, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

James William Custer

9) PRESENT POSTOFFICE OF FATHER

Greenville

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY 38
(Years)

12) BIRTHPLACE

Greenville Co.

13) OCCUPATION

Farmer

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

6

MOTHER.

14) NAME BEFORE MARRIAGE

Lena Cromer

15) PRESENT POSTOFFICE OF MOTHER

Greenville

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY 36
(Years)

18) BIRTHPLACE

Anderson Co.

19) OCCUPATION

Housework

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6-21-22

1922

(28)

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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