

(1) PLACE OF BIRTH

County of BambergTownship of 3 Mile

or

Inc. Town of

or

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

1) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>X</u>	5) Number in order of birth <u>8</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Apr 28 1922</u> (Month) (Day) (Year)
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FATHER.

3) FULL NAME James Stephen

4) PRESENT POSTOFFICE OF FATHER Chickadee B.C.

10) COLOR OR RACE Negro

11) AGE AT LAST BIRTHDAY 37 (Years)

12) BIRTHPLACE Bamberg Co. S.C.

13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Stella Jones

15) PRESENT POSTOFFICE OF MOTHER Chickadee B.C.

16) COLOR OR RACE Negro

17) AGE AT LAST BIRTHDAY 36 (Years)

18) BIRTHPLACE Bamberg Co. S.C.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 6

20) Number of children born to mother, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated. (Born alive or stillborn) (Hour, Day or P. M.)

(23) (Signature) L. C. Colquhoun

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Chickadee B.C.

Given name added from a supplemental report

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

(27) Filed Apr 29 1922 (28) W. D. Kinard 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.

Assistant Registrar W. D. Kinard

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10011

Registration District No. 404 Registered No. 33 (For use of Local Registrar)