

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only
5223

(1) PLACE OF BIRTH
County of Orangeburg
Township of Orangeburg
or
Inc. Town of Orangeburg
or
City of Orangeburg
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 36A Registered No. 14
(For use of Local Registrar)
St. Welch Ward 1
(No. of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 30 1922
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Geo. Welch (9) PRESENT POSTOFFICE OF FATHER Charleston S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years) (12) BIRTHPLACE U.S. (13) OCCUPATION Plaster (14) NAME BEFORE MARRIAGE Lula Barnum (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years) (18) BIRTHPLACE U.S. (19) OCCUPATION Domestic (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. Beane(24) State whether Physician(25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

See app. 11-7-42
then
Registrar

(26) Witness

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

(27) Filed Feb 27 1922(28) W. H. Hunter 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.

LOCAL REGISTRAR.
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