

## (1) PLACE OF BIRTH

County of Wm.burgTownship of 101st

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

20431

Registration District No. 1301 Registered No. 65

(For use of Local Registrar)

(2) Full Name of Child James Whitman Fambler (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 9, 22  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
8) FULL NAME <u>Vincent Fambler</u>	14) NAME BEFORE MARRIAGE <u>Filly Staggs</u>	15) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
12) BIRTHPLACE <u>S.C.</u>	18) BIRTHPLACE <u>S.C.</u>	19) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>Housewife</u>
20) Number of children born to mother, including present birth <u>5</u>	21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Paul Fambler(24) State whether Physician or Midwife(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 22, 22(28) Local Registrar J. A. Bland

\*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 sixth month of pregnancy.

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.

MADE IN COLUMBIA, COLUMBIA, W. O.