

(1) PLACE OF BIRTH

County of Winkler  
Township of Henry

Inc. TOWN of

City of

(2) Full Name of Child Samuel Basil James

File No. — For State Registrar Only  
**66575**

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

Registration District No. 4302 Registered No. 13  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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 (6) Are Yes Parents Married? (7) DATE OF BIRTH June 27 1926  
(to be reported only in case of Twins or Triplets)

**FATHER.**

(8) FULL NAME Wack James

(9) PRESENT POSTOFFICE OF FATHER Beaufort

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Winkler

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Oliver Buchanan

(15) PRESENT POSTOFFICE OF MOTHER Beaufort

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Winkler

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at Winkler, S. C., at 9 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Phoebe H. ... (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Beaufort

Given name added from a supplemental report

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

(27) Filed July 1 1926 (28) S. S. Clarke 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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WRITE 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.