

## (1) PLACE OF BIRTH

County of BambergTownship of 4

Inc. Town of .....

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

No. 11.-For State Registrar Only

2874

Registration District No. 400 Registered No. 27  
(For use of Local Registrar)(2) Full Name of Child James Bamister

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

(1) SEX OF CHILD <u>Boy</u>	(2) Type of Infant <u>In hospital or in care of Nurse</u>	(3) Number in order of birth <u>32</u>	(4) Age of Mother <u>yes</u>	(5) DATE OF BIRTH <u>Feb. 11, 1913</u> (Month of Month) (Day) (Year)
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<b>FATHER.</b> (6) FULL NAME <u>James Bamister</u> (7) PRESENT RESIDENCE OF FATHER <u>Bamberg</u> (8) COLOR OF FATHER <u>Col</u> (9) AGE AT LAST BIRTHDAY <u>32</u> (10) BIRTHPLACE <u>Bamberg</u> (11) OCCUPATION <u>Farmer</u> (12) Number of children born to mother, including present child <u>5</u>		<b>MOTHER.</b> (13) NAME BEFORE MARRIAGE <u>Carrie Belle Odum</u> (14) PRESENT RESIDENCE OF MOTHER <u>Bamberg</u> (15) COLOR OF MOTHER <u>Col</u> (16) AGE AT LAST BIRTHDAY <u>18</u> (17) BIRTHPLACE <u>Bamberg</u> (18) OCCUPATION <u>Farmer Hand</u> (19) Number of children of this mother now living, including present child <u>5</u>	
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive on 2.11.13 on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(21) (Signature) Rebecca Blane  
(22) State whether Physician or Midwife (23) Address of Physician or Midwife Midwife Bamberg

Given name added from a supplemental report

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

(25) Filed 2/21 13 (26) John Coons Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person should make report. If a child breathes even once, it must not be reported as stillborn. No reports desired of stillborns before the fifth month of pregnancy.

FIRST-BORN. No. 1. THE OTHER. No. 2. etc. In question 2