

CERTIFICATE OF BIRTH

County of San Diego

Township of Windsor.....

Inc. Town of.....

City of

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

S.110

Registered No.
(For use of Local Registrar)

SL: Ward)

(2) Full Name of Child James J. [unclear] If child is not yet named, make supplemental report as directed

3. BOY OR
GIRL?

(4) **Twin or Triplet**

3) Number in
order of birth

(8) Are Parents Married?

7) DATE OF BIRTH Jul 20 1922
(Name of Month) (Day) (Year)

FATHER

6) FULL NAME

9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

12) **BATHPLACE**

13. OCCUPATION:

20 Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE

(16) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR,
OR
RACE

(17) AGE AT LAST BIRTHDAY

WAGE NORTHPLACE

OCCUPATION

(71) Number of children of this mother now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(72) I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(98) (Signature)

(23) (Signature) _____
(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife

(Item name added from a supplemental report)

(26) **Witnesses**

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

(27) Fuel

18

(24)

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.