Form No 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
42277

(1) PLACE OF BIRTH
County of Clarendon
Township of Calvary
or
Inc. Town of ..... Registration District No. 1301 Registered No. 101 (For use of Local Reistrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets	2	Yes	Dec. 14, 1915 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Stephen Logan	(14) NAME BEFORE MARRIAGE	Lela Ollivee
(9) PRESENT POSTOFFICE OF FATHER	Silver S C	(15) PRESENT POSTOFFICE OF MOTHER	Silver S C
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	S C	(18) BIRTHPLACE	S C
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	Two	(21) Number of children of this mother now living, including present birth	one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Stephen Thos Logan

(24) State whether Physician or Midwife Father of Child

(25) Address of Physician or Midwife Silver S C

Given name added from a supplemental report
..... 191....
Henry T. Seack
Registrar

(26) Witness Mrs L C Seack
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 1915 (28) Henry T. Seack
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.

MARGIN RESERVED FOR BINDING.
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.

Caw, of Columbia.