

Form No 1.

(1) PLACE OF BIRTH

County of Cherokee

Township of

or
Inc. Town of Cherokee

or
City of at home

(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

45790

Registration District No. 12A

Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child Ellen Mary James

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 31, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas James

(9) PRESENT POSTOFFICE OF FATHER

Cherokee S C

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Cherokee S C

(13) OCCUPATION

Worked at Sawmill

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Cash

(15) PRESENT POSTOFFICE OF MOTHER

Cherokee S C

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Cherokee S C

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 445 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Williams

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Cherokee, S. C.

Given name added from a supplemental report

..... 191.....

.....
Registrar

(26) Witness

J. E. Williams

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

(27) Filed

Feb. 7, 1916

(28)

J. E. Williams
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.