

(1) PLACE OF BIRTH

County of Harris

Township of

Inc. Town of

City of Greenville

(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

28433

Registration District No. 22A Registered No. 32452

(For use of Local Registrar)

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

BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 6 1923</u> (Month) (Day) (Year)
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FATHER.

FULL NAME Joseph H. JamesPRESENT POSTOFFICE OF FATHER Greenville S.C.COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE Greenville S.C.OCCUPATION Cotton MerchantNumber of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Hadden(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2) I hereby certify that I attended the birth of this child, who was born alive at 11:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. M. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

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Registrar

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

(27) Filed Sept 11 1923 (28) C. E. Smith Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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