

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only  
46230

County of *Florence*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *McMillan*

Inc. or Town of *Florence*

Registration District No. *201*

Registered No. *7*

(For use of Local Registrar)

City of *Florence*

No. *1* St.; No. *1* Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Willie James*

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>1 31 1916</i>
				(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Prince James*

(14) NAME BEFORE MARRIAGE *Mary Thompson*

(9) PRESENT POSTOFFICE OF FATHER *Florence*

(15) PRESENT POSTOFFICE OF MOTHER *Florence*

(10) COLOR OR RACE *Negro*

(11) AGE AT LAST BIRTHDAY *39*

(16) COLOR OR RACE *Negro*

(17) AGE AT LAST BIRTHDAY *34*

(12) BIRTHPLACE *Farmer*

(18) BIRTHPLACE *SS*

(13) OCCUPATION *SS*

(19) OCCUPATION *Dom*

(20) Number of children born to mother, including present birth *4*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at *3 a* M., on the date above stated. (Hour A. M. or P. M.)

(23) Signature *Kate King*  
 (24) State Medical Physician or Midwife  
 (25) Address of Physician or Midwife *Florence*

Given name added from a supplemental report

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

(27) No. 1 (28) 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.

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MARGIN RESERVED FOR FOLDING.  
 POWER NO. 10.  
 WHILE PLAINLY, WITH READING INDICIES, IS A PATENT OF THE  
 N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT for each child, and mark the  
 FIRST-BORN, AND THE OTHERS, IN QUESTION 5.  
 McCaw of Columbia  
 N. 1  
 McCaw