

## (1) PLACE OF BIRTH

County of F. L. ...Township of M. P. ...

Inc. Town of .....

City of .....

(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. 28334Registration District No. 200 Registered No. 500  
(For use of Local Registrar)(2) Full Name of Child James Durant (If child is not yet named, make supplemental report as directed)(3) SEX OR GENDER Boy (4) Twin or Triplets No (5) Number in order of birth 1 (6) Age at birth 24 (7) DATE OF BIRTH 16 23  
To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME  
(9) PRESENT OCCUPATION OF FATHER  
(10) COLOR OR RACE  
(11) AGE AT LAST BIRTHDAY  
(12) BIRTHPLACE  
(13) OCCUPATION  
(14) Number of children born to mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Durant  
(15) PRESENT OCCUPATION OF MOTHER Teacher  
(16) COLOR OR RACE negro  
(17) AGE AT LAST BIRTHDAY 29  
(18) BIRTHPLACE NC  
(19) OCCUPATION Teacher  
(20) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 5 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Beth Thomas  
(23) State whether Physician or Midwife Mid (24) Address of Physician or Midwife Fannie R. S.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed 2/16/23 (27) Local Registrar

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