(1) PLACE OF BIRTH

County of Kershaw

Township of .....

or Inc. Town of .....

or City of Camden

(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

No. 14520

Registration District No. 27 A Registered No. 29
(For use of Local Registrar)

(No. ..... St.) ..... Ward)

(2) Full Name of Child Baby James

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

(3) SEX OF CHILD: Fie

(4) Twin or Triplet: ✓ To be answered only in event of Twins or Triplets

(5) Number in order of birth: ✓

(6) Are Parents Married: yes

(7) DATE OF BIRTH (Name of Month) 1 (Day) 18 (Year) 1923

FATHER

(8) FULL NAME: Lonie James

(9) PRESENT POSTOFFICE OF FATHER: Camden S.C.

(10) COLOR OR RACE: Nee

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE: Camden S.C.

(13) OCCUPATION: Blacksmith

(20) Number of children born to mother, including present birth: 2

MOTHER

(14) NAME BEFORE MARRIAGE: Ruth Johnson

(15) PRESENT POSTOFFICE OF MOTHER: Camden

(16) COLOR OR RACE: Nee

(17) AGE AT LAST BIRTHDAY ..... (Years)

(18) BIRTHPLACE: Camden S.C.

(19) OCCUPATION: Housekee

(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 6 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H. Thomas M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Camden S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by midwife)

(27) Filed June 1 1923 (28) H. Musser
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 6th month of pregnancy.

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