

(1) PLACE OF BIRTH

County of Harris
 Township of Harris
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

11581

Registration District No. 2504Registered No. 14
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

(2) Full Name of Child Elise James

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

(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 12, 1927
 (Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME Elise James
 (9) PRESENT POSTOFFICE OF FATHER Phonencia S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Compositor
 (14) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Joe Bland
 (15) PRESENT POSTOFFICE OF MOTHER Phonencia S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 15 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. J. Bland(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife W. J. Bland

Given name added from a supplemental report

(26) Witness

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

(27) 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 should be reported as stillborn. No report is desired of stillbirths within the fifth month of pregnancy.