

(1) PLACE OF BIRTH

County of Wm. burg
 Township of Permit
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 11.—For State Register Only

30533

Registration District No. 4.308 Registered No. 73
 (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 James Edison James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 15 1923
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Darwin James(9) PRESENT POSTOFFICE OF FATHER Lanes S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Wm. burg Co. S.C.(13) OCCUPATION farmer laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Minerva Wilson(15) PRESENT POSTOFFICE OF MOTHER Lanes S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Wm. burg Co. S.C.(19) OCCUPATION farmer laborer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4.30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Larry Ponder (24) Address of Physician or Midwife Lanes S.C.

(25) State whether midwife

Given name added from a supplemental report

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

(27) Filed Sept. 18 1923 (28) A.R. Mosley 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 stillbirth before the fifth month of pregnancy.