

(1) PLACE OF BIRTH

County of Fluorence
 Township of Leke
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

42397

Registration District No. 2009 Registered No. 187
 (For use of Local Registrar)

(2) Full Name of Child Sylvia Jane James { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 14, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harley James
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE Fluorence County
 (13) OCCUPATION Farm

MOTHER.

(14) NAME BEFORE MARRIAGE Ida K. Rogers
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE Millersburg
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (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 alone at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Singleton
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lawrence

Given name added from a supplemental report

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

(27) Filed 1/2/18 (28) R. H. Carter 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.