

Form No. 1

(1) PLACE OF BIRTH

County of BambergTownship of Ward

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.—For State Registrar Only

31744

Registration District No. 40.3 Registered No. 78
(For use of Local Registrar)

(2) Full Name of Child

Robert James

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>no</u>	(7) DATE OF BIRTH <u>11/22/23</u> (Month) (Day) (Year)
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(8) FATHER Full Name <u>Robert James</u>		(9) MOTHER Full Name <u>Jennie Higgins</u>	
(10) PRESENT RESIDENCE OF FATHER		(10) PRESENT RESIDENCE OF MOTHER <u>Bamberg</u>	
(11) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Year)	(11) COLOR OR RACE <u>ca</u>	(11) AGE AT LAST BIRTHDAY (Year)
(12) BIRTHPLACE		(12) BIRTHPLACE <u>Bamberg S</u>	
(13) OCCUPATION		(13) OCCUPATION <u>domestic</u>	
(14) Number of children born to mother, including present birth		(14) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/25(28) Dr. H. S. Sander

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 stillborns before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
X. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

Bureau of Statistics, Columbia, S. C.