

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Mt. Cleo
 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

31077

Registration District No. 3004 Registered No. 62
 (For use of Local Registrar)

City of (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 Septima James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 12, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tennie James
 (9) PRESENT POSTOFFICE OF FATHER Myrick S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 41
 (12) BIRTHPLACE Lee Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Barrie McButcher
 (15) PRESENT POSTOFFICE OF MOTHER Myrick S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37
 (18) BIRTHPLACE Lee Co.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Nancy Rogers
 (24) State whether Physician or Midwife Midwife (25) Address of Physic or Midwife Charles

Given name added from a supplemental report

(26) Witness Mrs. Newton Elmore
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 15, 1922 (28) Newton Elmore 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.

MARGIN RESERVED FOR INDEXING.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark on FIRST COPY, No. 1, THE OTHER, No. 2, etc., in question 6.

RECEIVED OF COLUMBIA, S. C.