

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Fish Pond  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

No. for this Register  
**2882**

Registration District No. 402 Registered No. 3  
 (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 Lescage James If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 2 9 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Alfred James  
 (9) PRESENT POSTOFFICE OF FATHER Branchville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE William Howard  
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 12 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (22) (Signature) Laura Williams  
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 3/23/29 at Darlington S.C.

When child is born in a hospital or other institution, give the name of the institution.