

IN ALL CASES OF TWINNING OR TRIPLETTING, USE A SEPARATE BLANK FOR EACH CHILD, and mark on FIRST-CHILD, No. 1. THE OTHER, No. 2, etc., in question &

(1) PLACE OF BIRTH

County of Clarendon
 Township of Friendship
 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
850

Registration District No. 1304 Registered No. 6
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Josh James

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>30</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Jan 7 1922</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Josh James</u>			(10) NAME BEFORE MARRIAGE <u>Anna James</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Remini, SC</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Remini, SC</u>	
(12) COLOR OR RACE <u>Col</u>	(13) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(14) COLOR OR RACE <u>Col</u>	(15) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(16) BIRTHPLACE <u>Clarendon Co</u>			(17) BIRTHPLACE <u>Clarendon Co</u>	
(18) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 P M. on the date above stated. (Was stillborn or stillborn? (Hour A. M. or P. M.)

(23) (Signature) Sarah J. James
 (24) State of South Carolina (25) Address of Physician or Midwife
Remini, SC

Given name added from a supplemental report

(26) Witness J. P. ...
 Signature of Witness necessary only when question 23 is signed by mother

(27) File No. 1304-1322 (28) Local Registrar
F. P. ...

*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.