

1) PLACE OF BIRTH

County of Florence
 Township of James A. Woods
 City of James A. Woods

CERTIFICATE OF BIRTH

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

No. 28-For State Registrar Only
28297

Registration District No. 2016 Registered No. 19
 (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 Bertha Kate James If child is not yet named, make supplemental report as directed

BOY OR GIRL Y (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex yes (7) DATE OF BIRTH July 18, 23
 To be answered only in case of Twin or Triplet

FATHER.		MOTHER.	
(1) FULL NAME <u>Blitt James</u>	(14) NAME BEFORE MARRIAGE <u>Ada Mrs. Cray</u>	(1) FULL NAME <u>Blitt James</u>	(14) NAME BEFORE MARRIAGE <u>Ada Mrs. Cray</u>
(2) PRESENT RESIDENCE OF FATHER <u>Tunnsville</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Tunnsville</u>	(2) PRESENT RESIDENCE OF FATHER <u>Tunnsville</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Tunnsville</u>
(3) COLOR OR RACE <u>B</u>	(16) COLOR OR RACE <u>B</u>	(3) COLOR OR RACE <u>B</u>	(16) COLOR OR RACE <u>B</u>
(4) BIRTHPLACE <u>Florence Co</u>	(17) BIRTHPLACE <u>Florence Co</u>	(4) BIRTHPLACE <u>Florence Co</u>	(17) BIRTHPLACE <u>Florence Co</u>
(5) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Domestic</u>	(5) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Domestic</u>
(6) Number of children born to mother, including present birth <u>1</u>	(19) Number of children of this mother now living, including present birth <u>1</u>	(6) Number of children born to mother, including present birth <u>1</u>	(19) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (20) I hereby certify that I attended the birth of this child, who was Alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Martha Wilson
 (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Lynchburg
 (24) Witness Mrs. J. A. Humphrey
 (Signature of Witness necessary only when question 23 is signed by male)
 (25) Dated Sept 1, 1923 (26) Mrs. J. A. Humphrey 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.