

## (1) PLACE OF BIRTH

County of *Fairfield*

Township of .....

or  
Inc. Town of, .....City of *Winnaboro*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3766

Registration District No. *1311*Registered No. *1*  
(For use of Local Registrar)

(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 *Charles James*

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

|                                |  |  |  |   |
|--------------------------------|--|--|--|---|
| (3) SEX OR<br>GIRL <i>4:10</i> | (4) Type<br><i>single</i> <i>twins</i><br>To be answered only in case of Twins or Triplets | (5) Number in<br>order of birth <i>2</i> | (6) Are<br>Parents<br>Married? <i>no</i> | (7) DATE OF<br>BIRTH <i>Feb 24 1923</i><br>(Name of Month) (Day) (Year) |
|--------------------------------|--|--|--|---|

## FATHER.

(8) FULL  
NAME *Wm. J. James*(9) PRESENT  
POSTOFFICE  
OF FATHER *Winnaboro S.C.*(10) COLOR  
OR  
RACE *W* (11) AGE AT LAST  
BIRTHDAY *4*  
(Years)(12) BIRTHPLACE *Fairfield County*(13) OCCUPATION *mining*(14) Number of children born to  
mother, including present birth *1st*

## MOTHER.

(14) NAME BEFORE  
MARRIAGE *Wm. J. James*(15) PRESENT  
POSTOFFICE  
OF MOTHER *Winnaboro S.C.*(16) COLOR  
OR  
RACE *W* (17) AGE AT LAST  
BIRTHDAY *40*  
(Years)(18) BIRTHPLACE *Fairfield County*(19) OCCUPATION *mining*(20) Number of children of this mother  
now living, including present birth *1st*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *alive* at *6 A.M.*  
on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)(22) (Signature) *James W. James*(23) State physician, Physician or Midwife (24) Address of Physician or Midwife  
*Winnaboro S.C.*Given name added from a supplemental  
and report(25) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(26) Filed ..... (27) *B. H. Turner*

When there was no physician, midwife, or other person present at the birth, the father, householder, or other person present at the birth, or a relative of the father, shall report in duplicate to the local health officer of the place of birth.