

(1) PLACE OF BIRTH

County of AikenTownship of McClintockor
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
58331Registration District No. 207Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child

Emmington James

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? Single(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH April 30
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George W James

(9) PRESENT POSTOFFICE OF FATHER

Aiken SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

Aiken SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Solana Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Aiken SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

31
(Years)

(18) BIRTHPLACE

Aiken SC

(19) OCCUPATION

Housewife

(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 alive at 5 a M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Killa Marione

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

May 20 1916

(28)

W. H. Cooke
Local Registrar

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.