

Form No. 1.

(1) PLACE OF BIRTH

County of Lorenzo

Township of Jeffrey

or
Inc. Town of

or
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

1906

Registration District No. 2.007 Registered No. 12.4
(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child. Rebecca James } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 19, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bozies James

(9) PRESENT POSTOFFICE OF FATHER Mars Bluff - S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Near Union - S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 3

MOTHER.

(14) NAME BEFORE MARRIAGE Debbie Daniels

(15) PRESENT POSTOFFICE OF MOTHER Mars Bluff - S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Union - S.C.

(19) OCCUPATION Field Hand

(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 born alive at 12:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Harriet L. Lyles

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mars Bluff - S.C.

Given name added from a supplemental report

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Registrar

(26) Witness H. S. Harbort
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 23, 1906 (28) Mrs. Jno. P. Gregg
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 stillbirth before the fifth month of pregnancy.

Deputy

NEVER SIGN THESE VITAL RECORDS IN PENCIL OR WITH UNFADING INK—THIS IS A REQUIREMENT IN ALL STATES. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK, No. 1, THE OTHER, No. 2, ETC., IN QUESTION 2.