

(1) PLACE OF BIRTH

County of Sumter
 Township of Mayesville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 30333
 (For use of Local Registrar)

Registration District No. H.A. 2 Registered No. 88
 (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 Aline Louise James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 19, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eliander James
 (9) PRESENT POSTOFFICE OF FATHER Mayesville S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Aline James
 (15) PRESENT POSTOFFICE OF MOTHER Mayesville S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Aline at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Aline I. James

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Mayesville S.C.

Given name added from a supplemental report

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

(27) Filed Oct 1, 1923 (28) C. N. Cooper 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.