

**P. D. JAMES**

County of

Township of

Inc. Town o

City of

(2) Full Name of Child

3) BOY OR GIRL?

100-443887-1

3) FULL NAME

9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE

12) BIRTHPLACE

13. OCCUPATION

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

**CERTIFICATE OF BIRTH**

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

Registration District No. 4008

(No. ... *Smyth* ... )  
... instead of street and number.)

File No.—For State Registrar Only  
32380

Registered No. .... 342...  
(For use of Local Registrar)

St.; ..... Ward)

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

(7) DATE OF BIRTH Sept. 16, 22  
(Name) (Month) (Day) (Year)

# MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(18) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated. H. E. M. @ Cornell M. D.

(23) (Signature)

(23) (Signature) \_\_\_\_\_  
(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 Sept. 26 1922. (28) Wm. F. Parker  
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.