

## (1) PLACE OF BIRTH

County of

Williamsburg

Township of

Johnson

or  
Inc. Town ofor  
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

50697

Registration District No. 41304 Registered No. 11  
(For use of Local Registrar)

## (2) Full Name of Child

Belandis May 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?

(7) DATE OF BIRTH

Feb 7 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John W James

(9) PRESENT POSTOFFICE OF FATHER

Hempstead St. P.O.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Powell

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature)

H. Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

181

Registrar

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

(27) Filed Feb 14 1916

(28) 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGaw, of Columbia