

(1) PLACE OF BIRTH

County of Chester
 Township of Patuxent River
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3609

Registration District No. 1100 Registered No. 17
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Myra E. James

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

(3) BOY OR GIRL Boy (4) Twin Single (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 11 1922
 To be answered only in event of Twins or Triplets (Month) (Day) (Year)

FATHER

(8) FULL NAME Arthur James
 (9) PRESENT POSTOFFICE OF FATHER Lowryville, S.C. R#1
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Union Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Mary Jane Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Lowryville, S.C. R#1
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Chester Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10:45 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Myra

(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 Mar 8 1922(28) J. A. Cartmell 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.

*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.

RECORD OF COLUMBIA, COLUMBIA, D. C.
 WHEN TWO OR MORE CHILDREN ARE BORN TO THE SAME MOTHER, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.