

Form No. 1

(1) PLACE OF BIRTH

County of Douglas
 Township of Lanier
 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

29860

Registration District No. 1504Registered No. 27
(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 Martha James (If child is not yet named, make supplemental report as directed)

3. SEX OF CHILD girl 4. Twin no or Triplet? 2 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH Sept 16 22
 (Name of Month) (Day) (Year)

FATHER.
 8. FULL NAME John James
 9. PRESENT POSTOFFICE OF FATHER Lanier
 10. COLOR OR RACE col 11. AGE AT LAST BIRTHDAY 31
 (Years)
 12. BIRTHPLACE SC
 13. OCCUPATION Farming
 20. Number of children born to mother, including present birth 14

MOTHER.
 14. NAME BEFORE MARRIAGE Clanda Wilson
 15. PRESENT POSTOFFICE OF MOTHER Lanier
 16. COLOR OR RACE col 17. AGE AT LAST BIRTHDAY 42
 (Years)
 18. BIRTHPLACE SC
 19. OCCUPATION House duties
 21. Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 PM.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miley Cooper(24) State whether Physician or Midwife(25) Address of Physician or Midwife Lanier SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 2 22 (28) R. J. Chaplin
Registrar 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.