

## (1) PLACE OF BIRTH

County of Salisbury  
Township of Salisbury

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14586

Inc. Town of ..... Registration District No. 4511 Registered No. 17  
(For use of Local Registrar)  
City of ..... (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 Willie Nathaniel James { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 24 1911  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James H. James(9) PRESENT POSTOFFICE OF FATHER Salisbury, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Salisbury, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Julie Freeman(15) PRESENT POSTOFFICE OF MOTHER Darlington, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Darlington, S.C.(19) OCCUPATION At home & farm chore(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 alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. James

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Darlington, 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 June 1 1911 (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.