Form No. 10. 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42789

(1) PLACE OF BIRTH
County of Fairfield
Township of Lake City
or
Inc. Town of Lake City, S.C. Registration District No. 20 B. Registered No. 140 (For use of Local Registrar)
or
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 Russel 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 2 (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? no | (7) DATE OF BIRTH Nov. 27 1915 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	William James	(14) NAME BEFORE MARRIAGE	Julia Trimmer
(9) PRESENT POSTOFFICE OF FATHER	Lake City, S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Lake City, S.C.
(10) COLOR OR RACE	Negroe	(16) COLOR OR RACE	Negroe
(11) AGE AT LAST BIRTHDAY	30 (Years)	(17) AGE AT LAST BIRTHDAY	27 (Years)
(12) BIRTHPLACE	Malborough Co.	(18) BIRTHPLACE	Fairfield, S.C.
(13) OCCUPATION	RR Station hand	(19) OCCUPATION	Home Dist 2
(20) Number of children born to mother, including present birth	2	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Jan. 2 1916 at 11 P.M. (Born Alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) S.B.W. [illegible] M.D.

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

Given name added from a supplemental report
May 29, 1916
[illegible] Registrar

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

(27) Filed Dec 5 1915 (28) C. D. Rollins 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.

... child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.