

(1) PLACE OF BIRTH

County of OrangeburgTownship of Providence

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

16275

Registration District No. 3614Registered No. 46
(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 Jessie C. 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? yes

(7) DATE OF

BIRTH May 18, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie James(9) PRESENT POSTOFFICE OF FATHER Vance S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Orangeburg Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Holman(15) PRESENT POSTOFFICE OF MOTHER Vance S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Orangeburg Co.(19) OCCUPATION House Wife(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 alive at 1 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Anna Grant M.D.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Vance 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 May 20, 1922(28) T. E. Dantley

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.