

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of Porter

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16521

Registration District No. 3801 Registered No. 24  
(For use of Local Registrar)(2) Full Name of Child Joseph James

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twins (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 26, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Seegson James(9) PRESENT POSTOFFICE OF FATHER Easton 80(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Brooklyn C 80(13) OCCUPATION Harmon(20) Number of children born to mother, including present birth 15

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Alfred(15) PRESENT POSTOFFICE OF MOTHER Easton 80(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Brooklyn C 80(19) OCCUPATION Home wife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alvin at 7:30 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marta Chaney

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

Midwife Easton 80

Given name added from a supplemental report

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

(27) Filed 6/1/22 (28) A. B. Cunningham  
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.