

Form No 1.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.
 S. Caw. of Columbia.

(1) PLACE OF BIRTH

County of Florence Co STownship of Camus

or

Inc. Town of Hymman SC

or

City of Hymman SC

(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

46184

Registration District No. 2001 Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child Clouise James

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 10</u> <u>1906</u>
To be answered only in event of twins or triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME Step James Jr(9) PRESENT POSTOFFICE OF FATHER Hymman SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Florence Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Elbe Fryer(15) PRESENT POSTOFFICE OF MOTHER Hymman SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Florence Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Page alive at 6 A. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie Collins

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

Midwife Hymman SC

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Jan 16 (28) C. L. Montgomery 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.