

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of City
 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

31567

Registration District No. 36-aRegistered No. 137
(For use of Local Registrar)(No. mother 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 James Lee Stroman

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept-13-22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Perry Stroman
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE Orange Co. S.C.
 (13) OCCUPATION County chain gang
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maie Brown
 (15) PRESENT POSTOFFICE OF MOTHER Orange S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Orange Co. S.C.
 (19) OCCUPATION House 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 alive at 9 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Hamilton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

mid wife Orangeburg 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 Oct-7-22 (28) W. H. Dukes
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.

WHEN THERE IS A CHANGE IN THE NAME OF THE CHILD, THE FATHER, OR THE MOTHER, THE REGISTRAR SHALL BE NOTIFIED IN WRITING. IN CASE OF A CHANGE IN THE NAME OF THE CHILD, THE REGISTRAR SHALL BE NOTIFIED IN WRITING. IN CASE OF A CHANGE IN THE NAME OF THE CHILD, THE REGISTRAR SHALL BE NOTIFIED IN WRITING.

RECEIVED AT COLUMBIA, S. C. 1922