

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Long Point
 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

Registration District No. 3607

File No.—For State Registrar Only

31650Registered No. 28
(For use of Local Registrar)(2) Full Name of Child James Lee Prophet

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

(3) SEX OR CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 14, 1922
 (Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME James Prophet(9) PRESENT POSTOFFICE OF FATHER Springfield(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Sc(13) OCCUPATION Farming

MOTHER

(14) NAME BEFORE MARRIAGE Erie Robinson(15) PRESENT POSTOFFICE OF MOTHER Springfield(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Sc(19) OCCUPATION Domestic(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 Alive at 11 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Harriet Butler(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wife

Given name added from a supplemental report

(26) Witness J. M. Grant
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 22, 1922 (28) J. M. Grant
 Registrar 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.