

PLACE OF BIRTH

County of *Jefferson*

City of *Richmond*

St. Town *Richmond*

City of *Richmond*

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

(1) Full Name of Child *James Williams*

44085

Registration District No. *2903*

Registered No. *1000*  
(For use of Local Health Officer)

(a) SEX <i>Male</i>	(b) AGE <i>10</i>	(c) DATE OF BIRTH <i>Jan 12 1924</i>	(d) TIME OF BIRTH <i>10:30</i>
FATHER <i>Tommy's William</i>		MOTHER <i>Janie Shell</i>	
PRESENT RESIDENCE OF FATHER <i>Richmond</i>		PRESENT RESIDENCE OF MOTHER <i>Richmond</i>	
(10) COLOR OR RACE <i>Colored</i>	(11) ABILITY TO SPEAK <i>Yes</i>	(12) COLOR OR RACE <i>Colored</i>	(13) ABILITY TO SPEAK <i>Yes</i>
OCCUPATION <i>Farmer</i>		OCCUPATION <i>Farmer</i>	
Number of children born to mother, including present birth <i>10</i>		Number of children of this mother now living, including present birth <i>10</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* on the date above stated.

(23) (Signature) *Janie Shell*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness *McRae*

(Signature of Witness, to be filled in when question 23 is asked to be filled in)

(27) Date *Jan 12 1924*

(28) Signature of Physician or Midwife

\*When there was no attending physician or midwife, then the father, householder, or other person who first discovered the child, must report the birth to the health officer before the birth month of pregnancy.