

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Indian
 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

92798

Registration District No. 4313 Registered No. 4
 (For use of Local Registrar)

(No. 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 Minder Orrella James

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Dec 20, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie James
 (9) PRESENT POSTOFFICE OF FATHER Vox, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm Hand
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Celie Wilson
 (15) PRESENT POSTOFFICE OF MOTHER Cooper S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm hand
 (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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Lucie Cooper

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cooper S.C.

Given name added from a supplemental report

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

(27) Filed Feb 20, 1917 (28) C. C. Daniel
 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.