

Form No. 1

(1) PLACE OF BIRTH

County of

Richland

Township of

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

5112

Registration District No. 3803

Registered No. 22

(For use of Local Registrar)

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

(2) Full Name of Child

Carrie Lee James

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Feb 5 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Henry James

(9) PRESENT POSTOFFICE OF FATHER

Congaree

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

SC

(13) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Carnelia Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Congaree

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Susana Wright

(24) State whether Physician or Midwife

Midwife

Congaree SC

(25) Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 18 23

(28) J. P. GARICK

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.