

Form No. 1

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Georgetown

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Register Only  
**28382**

Registration District No. 21-a Registered No. 61  
 (For use of Local Registrar)  
 (No. 1332 Church 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 Walter 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 case of Twin or Triplet (5) Are Parents Married no (6) DATE OF BIRTH Sept. 18, 1923  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Walter James</u>	(9) NAME BEFORE MARRIAGE <u>Not given</u>	(10) NAME BEFORE MARRIAGE <u>Pena Smalls</u>	(11) NAME BEFORE MARRIAGE <u>Not given</u>
(12) PRESENT POSTOFFICE OF FATHER <u>Georgetown</u>	(13) PRESENT POSTOFFICE OF MOTHER <u>Georgetown</u>	(14) PRESENT POSTOFFICE OF FATHER <u>Georgetown</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown</u>
(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(18) COLOR OR RACE <u>Colored</u>	(19) AGE AT LAST BIRTHDAY <u>27</u> (Year)
(20) BIRTHPLACE <u>Georgetown County</u>	(21) BIRTHPLACE <u>Georgetown County</u>	(22) BIRTHPLACE <u>Georgetown County</u>	(23) BIRTHPLACE <u>Georgetown County</u>
(24) OCCUPATION <u>Domestic</u>	(25) OCCUPATION <u>Domestic</u>	(26) OCCUPATION <u>Domestic</u>	(27) OCCUPATION <u>Domestic</u>
(28) Number of children born to mother, including present birth <u>Three</u>	(29) Number of children born to mother, including present birth <u>Three</u>	(30) Number of children born to mother, including present birth <u>Three</u>	(31) Number of children born to mother, including present birth <u>Three</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(33) (Signature) Walter James (34) State, whether Physician or Midwife Midwife (35) Address of Physician or Midwife 3 Market St.

Given name added from a supplemental report

(36) Witness ..... (Signature of Witness necessary only when question 33 is signed by mark)

(37) Filed Oct. 2 1923 (38) Mrs. R. L. King 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.  
 \*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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1.