

Form No. 1

## (1) PLACE OF BIRTH

County of *Sumter*Township of *Proctor*

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

File No. — For State Registrar Only

30347

Registration District No. *402*Registered No. *91*  
(For use of Local Registrar)(2) Full Name of Child *James James*

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

3) BOY OR GIRL *Boy*

4) Twin or Triplet

5) Number in order of birth

6) Are Parents Married *Yes*

7) DATE OF BIRTH

*Sept. 21, 1923*

(Month) (Day) (Year)

## FATHER

8) FULL NAME *Joseph James*9) PRESENT POSTOFFICE OF FATHER *Sumter, S.C.*10) COLOR OR RACE *Colored*11) AGE AT LAST BIRTHDAY *30*

(Year)

12) BIRTHPLACE *Sumter Co. S.C.*13) OCCUPATION *Farmer*14) Number of children born to mother, including present birth *Eight*

## MOTHER

14) NAME BEFORE MARRIAGE *Sally Eli*15) PRESENT POSTOFFICE OF MOTHER *Sumter Co. S.C.*16) COLOR OR RACE *Colored*17) AGE AT LAST BIRTHDAY *24*

(Year)

18) BIRTHPLACE *Sumter Co. S.C.*19) OCCUPATION *House Help*20) Number of children of this mother now living, including present birth *Three*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *60* M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sally James*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Sumter Co. S.C.*

Given name added from a supplemental report

(26) Witness *James*

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

(27) Filed *Sept 21*(28) *Sept 21*(29) *Sept 21*19  
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.