

Form No. 1.

(1) PLACE OF BIRTH

County of ClarendonTownship of Calvary

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and municipal ward)

Registration District No. 1301 Registered No. 108

(For use of Local Registrar)

(2) Full Name of Child Marrion James

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

(a) BOY OR GIRL <u>Girl</u>	(b) Twin or triplet?	(c) Number in order of birth <u>2</u>	(d) Are Parents Married?	(e) DATE OF BIRTH <u>July 22</u>
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Is the parent not in want of Public Health?

(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Henry James</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Pinewood S.C.</u>	(10) NAME BEFORE MARRIAGE <u>Loa Parris</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Pinewood S.C.</u>
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(16) BIRTHPLACE <u>S.C.</u>	(17) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.(23) (Signature) M. A. G. G. W. F. F. F.

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

..... Ist. ...
Henry J. Smith
 Registrar

(25) Witness L. A. S. & Co.

(Signature of Witness necessary only when question 22 is signed by mother)

(26) Date July 23(27) Place Pinewood S.C.

When there was no attending physician or midwife, then the father, householder, etc., should make this report. In a child born at a hospital, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

WHEN PLACED IN THE RECORD, WITH UNFOLDING INSTRUCTIONS, THIS IS A PERMANENT RECORD.
 M. H. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
 State of California