

(1) PLACE OF BIRTH

County of Townsend
 Township of ..
 or
 In: Iowa of .. No. 2
 or
 City of ..

CERTIFICATE OF BIRTH

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

File No. — for State Registrar Only
24318

Registration District No. 1201 Registered No. 47
 (For use of Local Registrar)

(2) Full Name of Child

Calvin James (No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL
Boy

(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 April 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Calvin James

(9) PRESENT POSTOFFICE OF FATHER

Cavan

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY 46
 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Nancy Davis

(15) PRESENT POSTOFFICE OF MOTHER

Cavan

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY 38
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer

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

10

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)

(23) (Signature)

Dr. J. H. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Woodward

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 28 1912 (28) 1201 (29) 47

*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.