

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

41990

8

(For use of Local Registrar)

County of Darlington STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Lanham State Board of Health

Inc. Town of ..... Registration District No. 1300 Registered No. ....  
 or .....  
 or .....  
 City of ..... (No. .... 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 Johnnie Benjamin 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 May 13 1922  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER

(8) FULL NAME Thos James  
 (9) PRESENT POSTOFFICE OF FATHER Darlington S.C. RR 4  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42  
 (Years)  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Rosa Benjamin  
 (15) PRESENT POSTOFFICE OF MOTHER Darlington S.C. RR 4  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Form laborer

(20) Number of children born to mother, including present birth { 2 (21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julian T. Coggeshall  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Darlington S.C.

Given name added from a supplemental report  
 ..... 191.....  
 .....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 1 1923 (28) E. A. Farley  
 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 before the fifth month of pregnancy.