

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(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

Registration District No.

No. \_\_\_\_\_ For State Registrar Only

907R

Registered No. 17

(For use of Local Registrar)

## (2) Full Name of Child

James Jesse

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

(a) SEX OR  
GUILD

Girl

(b) Type  
or Tissue

To be determined by report of Tissue or Tissue

(c) Number in  
order of birth(d) Is  
Child  
Mortar

Yes

(e) DATE OF  
BIRTH

April 17, 1923

(Month) (Day) (Year)

## FATHER

(a) FULL  
NAME

William Jesse

(b) PRESENT  
POSTOFFICE  
OF FATHER

Augusta Ga. R5

(c) COLOR  
OR  
RACE

Blk

(d) AGE AT LAST  
BIRTHDAY

25

(Year)

(e) BIRTHPLACE

S.C.

(f) OCCUPATION

Laborer

## MOTHER

(a) NAME BEFORE  
MARRIAGE

Celia Madison

(b) PRESENT  
POSTOFFICE  
OF MOTHER

Augusta Ga. R5

(c) COLOR  
OR  
RACE

Blk

(d) AGE AT LAST  
BIRTHDAY

23

(Year)

(e) BIRTHPLACE

S.C.

(f) OCCUPATION

House

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

3

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 9:30 P.M.  
(Born stillborn) (Hour) (M. or P. M.)

(24) (Signature)

(25) Name

Physician or Midwife

(26) Address of Physician or Midwife

Carrie Greenwood  
Midwife  
Augusta Ga. 6Given name added from a supplement-  
ed report

(27) Witness

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

(28) Filed

5/6

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(29)

J. R. Medlock  
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.