

## (1) PLACE OF BIRTH

County of AdamsTownship of Carrollor  
Loc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24975

Registration District No. 801 Registered No. 62  
(For use of Local Registrar)(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 Mr. James Inabine If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Bo</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 23 27</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Inabine</u>	(14) NAME BEFORE MARRIAGE <u>Beatrice James</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Swansea</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Swansea</u>
(10) COLOR OR RACE <u>C Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>C Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Harmon Land</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
(20) OCCUPATION <u>Harmon Land</u>	(22) Number of children born to mother, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phoebe Duncan  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
19 Registrar	(27) Filed <u>July 25 1927</u> (28) <u>J.H. Murphy</u> 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.

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