Form No. 1

(1) PLACE OF BIRTH

County of Berkeley...

Township of 2 & 3 ...

or

Inc. Town of James...

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3230

Registration District No. 701 ..... Registered No. 11 .....

(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 St Luther Lee Jam

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	—	—	yes	Feb 24 1922

(To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME Henry James

(9) PRESENT POSTOFFICE OF FATHER Summerville SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Berkeley Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Varner

(15) PRESENT POSTOFFICE OF MOTHER Summerville SC

(16) COLOR OR RACE Mulatto (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) [redacted] PLACE Berkeley Co

(19) OCCUPATION housework

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 .... A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Julia Adams

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Summerville SC

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Mar 1 1922 (28) B. F. Harmon 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.

WARNING: PENALTY, UNDER SECTION 1161—1165 OF CODE OF LAWS OF SOUTH CAROLINA, 1922, FOR WILFULLY MAKING FALSE STATEMENTS IN A CERTIFICATE OR REPORT OF BIRTH, DEATH OR STILLBIRTH, OR FOR WILFULLY NEGLECTING OR REFUSING TO MAKE A REPORT OR CERTIFICATE REQUIRED BY LAW. FOR FAILURE TO REGISTER A BIRTH WITHIN ONE YEAR AFTER OCCURRENCE, A PENALTY OF $5.00 IS PROVIDED.

Form No. 1—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the number of TWINS OR TRIPLETS, No. 1, 2 or 3, etc., in question 6.

PRINTED BY THE STATE OFFICE, No. 2, etc., in question 6.