

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 14-200-1000

513

137

City of Charleston

Ward of

City of Charleston

Registration District No. 97

Neighborhood No. 137

(For use of Local Registrar)

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Registration District No. 97

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(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child James Henry Bailey

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

(2) SEX OF CHILD Boy

(4) Type of Birth

(5) Number of Children

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 19

(Month of Month) (Year)

(8) FULL NAME

Peter Williams

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

Line worker

(14) NAME BEFORE MARRIAGE

Virginia Bailey

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE

St Pleasant

(19) OCCUPATION

Domestic

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

1/20/20 J. M. Lewis Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.