

(1) PLACE OF BIRTH

County of GrinnellTownship of Sumner

Inc. Town of

City of

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

(2) Full Name of Child John H. James

File No.—For State Registrar Only

64516

Registered No. 48

(For use of Local Registrar)

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

(3) BOY OR GIRL BOY(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 17 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John James(9) PRESENT POSTOFFICE OF FATHER Princeton 1(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Sumner Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Shuster(15) PRESENT POSTOFFICE OF MOTHER Princeton 1 S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Grinnell, C.D.S.C.(19) OCCUPATION Salero(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 alive at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Pullman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Morehead

Given name added from a supplemental report

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

(27) Filed Jan 26 1906 (28) C.D. Smith 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.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.