

## (1) PLACE OF BIRTH

County of OrangeburgTownship of St. Jamesor  
Inc. Town of St. Jamesor  
City of St. James

(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

No. 11556Registration District No. 3614Registered No. 14  
(For use of Local Registrar)(2) Full Name of Child James Washington

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

(3) SEX Male (4) Type or Cause Normal (5) Number in Birth of Child 1 (6) DATE OF BIRTH Feb 5 23  
(Name of Month) (Day) (Year)(7) FULL NAME John Washington(8) PRESENT RESIDENCE OF FATHER Estimate 5c(9) COLOR OR RACE Col (10) AGE AT LAST BIRTHDAY 18 (Year)(11) BIRTHPLACE SC(12) OCCUPATION Labor(13) Number of children born to mother, including present birth 1(14) FULL NAME Julie Johnson(15) PRESENT RESIDENCE OF MOTHER Estimate 5(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Labor(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Sign A. M. or P. M.)(22) (Signature) Julie Johnson(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed "stillborn")

(26) DATE Feb 5 23(27) SIGNATURE 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 stillborns before the fifth month of pregnancy.