

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St. James  
 or St. James  
 Inc. Town of St. James  
 or St. James  
 City of St. James

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

6919

Registration District No. 906 Registered No. 20  
 (For use of Local Registrar)

City of St. James (No. 20 St. 20 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Phineas Sitts (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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 19 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Sitts  
 (9) PRESENT POSTOFFICE OF FATHER St. James  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Charleston Co  
 (13) OCCUPATION Day Labor  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Simmons  
 (15) PRESENT POSTOFFICE OF MOTHER St. James  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Georgetown Co  
 (19) OCCUPATION Day Labor  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phineas Sitts  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. James

Given name added from a supplemental report

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

(27) Filed Apr 1 1922 (28) W. C. Beckman 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.