

(1) PLACE OF BIRTH *at home*

CERTIFICATE OF BIRTH

File No. - For State Registrar Only

County of *Florence*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

11128

Township of *Florence*Registration District No. *2111*

Registered No.

Inc. Town of

(For use of Local Registrar)

City of

(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 *Donation James*

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

(3) BOY OR GIRL

Boy(4) Twin or Triplet? *1*

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Jan 4 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Ernest Haines

(9) PRESENT POSTOFFICE OF FATHER

Clarendon

(10) COLOR OR RACE

dark(11) AGE AT LAST BIRTHDAY *22* (Years)

(12) BIRTHPLACE

at home SC

(13) OCCUPATION

farming SC

MOTHER

(14) NAME BEFORE MARRIAGE

Charles Gregg

(15) PRESENT POSTOFFICE OF MOTHER

Clarendon

(16) COLOR OR RACE

dark(17) AGE AT LAST BIRTHDAY *18* (Years)

(18) BIRTHPLACE

at home SC

(19) OCCUPATION

farming

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

11

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *at home* at *8 PM* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Charlotte Cannon*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Clarendon SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28) 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.