

THIS IS A PRELIMINARY RECORD. IF THIS CHILD IS A TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. - for State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		28405	
Township of <u>H</u>		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of .....		Registration District No. <u>21.0.4</u>		Registered No. <u>39</u>	
OR				(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 <u>Walter James</u>				If child is not yet named, make supplemental report as directed	
(3) <u>BOY OR GIRL?</u>	(4) <u>Twin</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 12, 1923</u>	
To be answered only in event of Twin or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Elijah James</u>			(14) NAME BEFORE MARRIAGE <u>Liza Brackington</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rhine SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rhine SC</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u>			(17) AGE AT LAST BIRTHDAY <u>35</u>		
(Year)			(Year)		
(12) BIRTHPLACE <u>Georgetown Co</u>			(18) BIRTHPLACE <u>Georgetown Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 P</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>E. L. Williams</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Rhine SC</u>					
Given name added from a supplemental report			(26) Witness <u>E. W. Williams</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Sept 15, 1923</u>		
Registrar			(28) <u>E. L. Williams</u> 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.