

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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.

Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43143

County of Greenwood
 Township of Phoebe
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2311 Registered No. 64
 (For use of Local Registrar)

(2) Full Name of Child Jim Harris Ross { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 18 1905</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Jim Ross</u>			(14) NAME BEFORE MARRIAGE <u>Polina Harris</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bryerswood St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bryerswood St.</u>	
(10) COLOR OR RACE <u>Neg.</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Phoebe</u>			(18) BIRTHPLACE <u>Phoebe St.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>Five (5)</u>			(21) Number of children of this mother now living, including present birth <u>Three (3)</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 A. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Randy Williams M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Phoebe

Given name added from a supplemental report 191....

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

(27) Filed Dec 30 1905 (28) Joseph Lake
 Registrar 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.