

(1) PLACE OF BIRTH

County of Kershaw
 Township of
 or
 Inc. Town of
 or
 City of Claudem
 (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

File No. For State Registrar Only
 64893

Registration District No. 27A Registered No. 36
 (For use of Local Registrar)
Broad St.; 12 Ward

(2) Full Name of Child

Albert Franklin James

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

(3) Boy (4) Twin or Triplet? (5) Number in order of birth (6) Parents Married (7) DATE OF BIRTH June 26
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe McGirt
 (9) PRESENT POSTOFFICE OF FATHER Claudem SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE Kershaw Co
 (13) OCCUPATION Butcher
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie James
 (15) PRESENT POSTOFFICE OF MOTHER Claudem SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE Claudem S.C.
 (19) OCCUPATION Cooking
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Oliver Rose
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Claudem SC

Given name added from a supplemental report

(26) Witness W. G. Gibson
 (Signature of Witness necessary only when question 23 is signed by mar)

(27) File June 27 1916 (28) W. G. Gibson 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.

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.
 McCaw, of Columbia.