

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee
 Township of St. Louis
 or
 Inc. Town of Endicott
 or
 City of Se

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
29637

Registration District No. 3606 Registered No. 50
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lucile James

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

(3) SEX OR Girl (4) Type of Birth (5) Number in 1 (6) Age of 22 (7) DATE OF BIRTH Sept 22, 1923
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jeffery James
 (9) PRESENT POSTOFFICE OF FATHER Cherokee

(10) COLOR OR RACE Cah (11) AGE AT LAST BIRTHDAY 20 (Year)

(12) BIRTHPLACE Se
 (13) OCCUPATION Sub

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Clark
 (15) PRESENT POSTOFFICE OF MOTHER Se

(16) COLOR OR RACE Cah (17) AGE AT LAST BIRTHDAY 22 (Year)

(18) BIRTHPLACE Se
 (19) OCCUPATION Wife

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Julia
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 30 1923 (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.