

50944
5/17/44
H.P.

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of

or

City of W 3 Sumter

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4108

FIL 23 048055 only

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD Nelie Louise James { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl If Plural births 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents Married? yes 8. Date of birth Dec 15, 23 (Month, day, year)

9. Full name Arthur James FATHER

18. Name before marriage Susan Sumpter MOTHER

10. Residence (mailing address) (If non-resident, give place and State) W 3, Box 211, Sumter, S.C.

19. Residence (mailing address) (If non-resident, give place and State) Box 211, Sumter, S.C.

11. Color or race neg 12. Age at child's birth 21 (years)

20. Color or race neg 21. Age at child's birth 21 (years)

13. Birthplace (city or place) (State or country) Sumter Co. S.C.

22. Birthplace (city or place) (State or country) Sumter Co. S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. no

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. no

16. Date (month and year) last engaged in this work March, 19..... 17. Total time (years) spent in this work 14

25. Date (month and year) last engaged in this work March, 19..... 26. Total time (years) spent in this work 19

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... 1 (b) Born alive but now dead..... 0 (c) Stillborn..... 0

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at..... 3 A. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

(Signed) Susan James, Parent

Given name added from a supplementary report..... (Date of)

or....., Guardian

Address W 3, Box 211, Sumter, S.C.

Filed June 8, 19 44 I. A. Riser, M.D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)