

Form No. 1

## (1) PLACE OF BIRTH

County of AndersonTownship of St. JamesInc. Town of St. JamesCity of St. James

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9444

Registration District No. 701 Registered No. 19

(For use of Local Registrar)

(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 Emily Cabelly

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

(3) BOY OR GIRL <u>girl</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>Jan 25, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James Cabelly(9) PRESENT POSTOFFICE OF FATHER St. James(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE St. James(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Christina Jenkins(15) PRESENT POSTOFFICE OF MOTHER St. James(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE St. James(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at St. James on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Christina Jenkins(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife St. James

Given name added from a supplemental report

(25) Witness Christina Jenkins

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

(26) Filed May 11, 1923 (27) R. G. Thayer 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.