

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
Township of St. Paul
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17277

Registration District No. 121

Registered No. 34
(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

Victoria James

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 20 (7) DATE OF BIRTH June 18 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME William James
(9) PRESENT POSTOFFICE OF FATHER Nance, S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Year)
(12) BIRTHPLACE St. Paul, S.C.
(13) OCCUPATION Laborer
(14) Number of children born to mother, including present birth 7

MOTHER
(15) FULL NAME Gertrude Palmer
(16) PRESENT POSTOFFICE OF MOTHER St. Paul, S.C.
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 40 (Year)
(19) BIRTHPLACE Charleston, S.C.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (For A. M. or P. M.)

(23) (Signature) Dolly Brown

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

Given name added from a supplemental report

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

(27) Filed July 9 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.