

Form No. 1

(1) PLACE OF BIRTH

County of Richland Co.Township of Pat. R.

Inc. Town of

City of Columbia

(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

Registration District No. Registered No.

(For use of Local Registrar)

(2) Full Name of Child James Lee Platt

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

(3) SEX OR Color	(4) Type or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
<u>Male</u>	<u>To be answered only in case of Triplets or Quadruplets</u>	<u>1</u>	<u>Yes</u>	<u>Oct 30 1923</u>

FATHER.		MOTHER.	
(8) FULL NAME	<u>James Platt</u>	(14) NAME BEFORE MARRIAGE	<u>Mary Platt</u>
(9) PRESENT RESIDENCE OF FATHER	<u>Columbia, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER	<u>Columbia, S.C.</u>
(10) COLOR OR RACE	<u>Colored</u>	(16) COLOR OR RACE	<u>Colored</u>
(11) AGE AT LAST BIRTHDAY	<u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>21</u> (Years)
(12) BIRTHPLACE	<u>Farming</u>	(18) BIRTHPLACE	<u>Farming</u>
(13) OCCUPATION	<u>born in Richland</u>	(19) OCCUPATION	<u>farming</u>
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Oct 30 1923 at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>midwife P. 2 Platt H</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Box 27 H</u>
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Given name added from a supplement- tal report	(26) Witness <u>Columbia, S.C.</u> (Signature of Witness necessary only when question 25 is signed by mark)
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19 Registrar	(27) Filed 19	(28) Local Registrar
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*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.

WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
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.

Bureau of Columbia, Columbia, S. C.