

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Providenceor  
Inc. Town of .....or  
City of .....

(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. 3614

File No.—For State Registrar Only

31721

Registered No. 122119  
(For use of Local Registrar)(2) Full Name of Child Calie James

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

(3) BOY OR GIRL boy

(4) Twin or Triplet

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? No(7) DATE OF BIRTH Sept 20, 22  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willia James(9) PRESENT POSTOFFICE OF FATHER Vance S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37  
(Year)(12) BIRTHPLACE Lo Carolina S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Izora Hilliard(15) PRESENT POSTOFFICE OF MOTHER Vance S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 32  
(Year)(18) BIRTHPLACE Orangeburg Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lanie Fairmont(24) State whether Physician or Midwife (25) Address of Physician or Midwife Vance S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 26, 22 (28) D. F. Dargatzis  
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.