

(1) PLACE OF BIRTH

County of DorchesterTownship of Rogeror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40045

Registration District No. 1708 Registered No. 80
(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 Johnnie James If child is not yet named, make supplemental report as directed(3) SEX Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Dec 17 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe James(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Saw Mill Laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Young(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at A. I. M. on the date above stated. (Dead, alive or stillborn) (Hour, M. or P. M.)(22) (Signature) Mrs. John Johnston(23) State whether Physician or Midwife Midwife Reevesville S.C.

Give name added from a supplemental report

(24) Witness E. C. Elwardt
(Signature of Witness necessary only when question 23 is signed by mother)(25) Filed Dec 28 1923 (26) E. C. Elwardt 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.