

(1) PLACE OF BIRTH

County of Richland Co

Township of

or

Inc. Town of

or

City of Charleston

(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

File No.—For State Registrar Only

5067

Registration District No. 3811 Registered No. 157

(For use of Local Registrar)

St. 5th Ward(2) Full Name of Child James Outlaw

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

(3) BOY OR GIRL boy (4) Twin or Triplet no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Outlaw
(9) PRESENT POSTOFFICE OF FATHER 224 Bull St
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Year)
(12) BIRTHPLACE Richland Co
(13) OCCUPATION taxi driver

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Davis
(15) PRESENT POSTOFFICE OF MOTHER 224 Bull St
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Richland Co
(19) OCCUPATION wash woman

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)

(23) (Signature) Maggie Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 1415 Howard St

(Given name added from a supplemental report)

(26) Witness

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

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Registrar(27) Filed Mar 26 1933(28) W. J. Sloan 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.

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