

Form No. 1.

## (1) PLACE OF BIRTH

County of F. Florence  
Township of "

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42776

Inc. Town of 7 Registration District No. 20-A Registered No. 273  
(For use of Local Registrar)  
City of McCollum St. No. 110 Griffin St. St. 2 Ward)  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)(2) Full Name of Child Jack James 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH December 20 1915  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George James 36(9) PRESENT POSTOFFICE OF FATHER McCollum St.(10) COLOR Boy (11) AGE AT LAST BIRTHDAY 36  
Black Colored (Years)(12) BIRTHPLACE Florence, S. C.(13) OCCUPATION Labour Water Works Dept. City(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE John Baker 83(15) PRESENT POSTOFFICE OF MOTHER F. Florence S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 83  
(Years)(18) BIRTHPLACE Florence Co.(19) OCCUPATION Housework(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 6:30 a. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Cannon(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Hannah Cannon McCollum St.

Given name added from a supplemental report

(26) Witness C. C. Craft

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

(27) Filed Dec 27 1915 (28) C. C. Craft M.D. 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.

MARGIN HERETOFORE RESERVED FOR REVISIONS. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—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. McCaw, of Columbia.