

WHITE PLAINLY, WITH ENFAMING INFO—THIS IS A PERMANENT & REPRODUCIBLE  
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.

(1) PLACE OF BIRTH  
County of Charleston  
Township of St. James  
or St. James  
Inc. Town of St. James  
or St. James  
City of St. James (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name 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  
3494

Registration District No. 906 Registered No. 9  
(For use of Local Registrar)

(2) Full Name of Child Fancis Camilla If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 10, 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Pete Green</u>	(14) NAME BEFORE MARRIAGE <u>Ethel Brown</u>	(15) PRESENT POSTOFFICE OF FATHER <u>St. James</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>St. James</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Charleston Co</u>	(18) OCCUPATION <u>Day Labor</u>	(19) OCCUPATION <u>Day Labor</u>	(21) Number of children of this mother now living, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lina B. Williams  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. James

Given name added from a supplemental report: \_\_\_\_\_  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) \_\_\_\_\_  
(27) Filed Feb. 26, 1922 (28) Local Registrar St. James

\*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.