

(1) PLACE OF BIRTH

County of MarionTownship of Wahki

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

15907

Registration District No. 3207Registered No. 17

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Fannie James

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

(3) BOY OR GIRL?

Girl

(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 May 23, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie James

(15) PRESENT POSTOFFICE OF MOTHER

Marion S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

Marion Co. S.C.

(19) OCCUPATION

Harmon Hand

(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 Born alive at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Labra Sanner

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Marion 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 June 5, 1922

(28)

J. L. Dill

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.