

(1) PLACE OF BIRTH

County of FlorenceTownship of Jeffersonor
Inc. Town ofor
City of

(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

42824

Registration District No. 2007 Registered No. 109

(For use of Local Registrar)

(2) Full Name of Child Jamie James

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number or order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13 1915

(Take account only in case of twins or triplets)

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mitchell James(9) PRESENT POSTOFFICE OF FATHER Mars Bluff, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Ebenezer, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Dixon(15) PRESENT POSTOFFICE OF MOTHER Mars Bluff, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Ebenezer, S.C.(19) OCCUPATION Field Laborer(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harriet H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mars Bluff, S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. M. H. H.

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 18 1915 (28) Mrs. J. M. H. H.

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.

Deputy

MARGIN RESERVED FOR BINDING.
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 N. No. 1. THE OTHER, No. 2, etc., in question 5.
McNaw of Columbia