

(1) PLACE HERE

**CERTIFICATE OF BIRTH**  
State of South Carolina  
Bureau of Vital Statistics  
State Board of Health

22022

County of Orangeburg  
Municipality of Orangeburg  
or  
The Town of.....  
or  
City of.....

Registration District No. 3505

Registered No. 19  
(For use of Local Registrar)

(2) Full Name of Child James Poole  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

FATHER		MOTHER	
(1) NAME OF FATHER <u>Amicus Perry</u>	(1) NAME OF MOTHER <u>Birdie Poole</u>	(2) COLOR OF FATHER <u>Negro</u>	(2) COLOR OF MOTHER <u>Negro</u>
(3) AGE AT LAST BIRTHDAY <u>18</u>	(3) AGE AT LAST BIRTHDAY <u>18</u>	(4) PLACE OF BIRTH <u>Madison S C</u>	(4) PLACE OF BIRTH <u>Madison S C</u>
(5) OCCUPATION <u>Framing</u>	(5) OCCUPATION <u>Farmer &amp; Auntie</u>	(6) NUMBER OF CHILDREN OF THIS MOTHER <u>one</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(20) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Date July 2nd 1923)  
on the date above stated.  
(21) (Signature) Adeline Latham  
(22) Name, whether Physician or Midwife Midwife  
(23) Address of Residence Madison S.C.

Given name added from a supplemental report  
(24) Witness (Signature of witness necessary only when question is signed by mark)  
(25) July 4 1923 (26) J. D. Skell  
Registrar 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.