

## (1) PLACE OF BIRTH

County of Adams  
 Township of Adams  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only  
**9074**

Registration District No. 213 Registered No. 14  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Boy (4) Type or Triplet Single (5) Number in order of birth 1st (6) Age of Mother 40 (7) DATE OF BIRTH Feb 2 1928  
 (Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam James  
 (9) PRESENT POSTOFFICE OF FATHER Bellevue SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35  
 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE Josephine James  
 (15) PRESENT POSTOFFICE OF MOTHER Bellevue  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34  
 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housework  
 (21) Number of children of this mother now living, including present birth Five

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Andrew A. Walker

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Bellevue SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4-6 1928

(28)

Local Registrar.

19  
 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.

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