

REASON RESERVED FOR BINDING.
WHEN PLACING, WITH ENROLLING, IN THIS IS A PRELIMINARY RECORD
No. 1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
No. 2. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
No. 3. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
No. 4. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
No. 5. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
No. 6. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the

(1) PLACE OF BIRTH

County of Durham
Township of
or
Inc. Town of
or
City of Durham
(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

16844

Registration District No. 119 Registered No. 671
(For use of Local Registrar)

(2) Full Name of Child

James
(No. 13 Ellerbee St. Ward)
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 19 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James
(9) PRESENT POSTOFFICE OF FATHER Durham N.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28
(Year)
(12) BIRTHPLACE Durham N.C.
(13) OCCUPATION Painter

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Walker
(15) PRESENT POSTOFFICE OF MOTHER Durham, N.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31
(Year)
(18) BIRTHPLACE Columbia N.C.
(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was alive at 130 A.M. on the date above stated.
(Sign alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Hicks
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Black Oak Summit St.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) File May 20 1922 (28) D. D. Browning 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.