

## (1) PLACE OF BIRTH

County of Fairfield CoTownship of St. 2

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
42735Registration District No. 1905Registered No. 9

(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 Julian James

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

(3) BOY OR GIRL?

Girl

(4) Twin or triplet?

(5) Number in order of birth

To be entered only in case of twins or triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE

Disie Madden

(15) PRESENT POSTOFFICE OF MOTHER

Longtown S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Fairfield Co

(19) OCCUPATION

Farmer's wife

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) Midwife

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

MidwifeLongtown S.C.

(26) Witness

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

(27) Filed Dec 1912 (28) James E. Smith Local Registrar

Given name added from a supplemental report

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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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