

(1) PLACE OF BIRTH
County of Charleston
Township of
or
Inc. Town of
City of Charleston
(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
25126

Registration District No. 9A Registered No. 1188
(For use of Local Registrar)
No. 577 King St.; Ward)
If child is not yet named, make supplemental report as directed

2) Full Name of Child Baby James

BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 19-22
(Name of Month) (Day) (Year)

FATHER- FULL NAME William West James (14) NAME BEFORE MARRIAGE Lillian A. Green

PRESENT POSTOFFICE OF FATHER Charleston (15) PRESENT POSTOFFICE OF MOTHER Charleston

COLOR OR RACE White AGE AT LAST BIRTHDAY 62 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years) (Years)

BIRTHPLACE Ellons, S.C. (18) BIRTHPLACE Augusta, Ga.

OCCUPATION Store-keeper (19) OCCUPATION House wife

Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Comotus on the date above stated. (Born alive or stillborn) (House or P. H.)

(23) (Signature) L. J. Green, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Proctor Hospital

When name added from a supplemental report 3/19/45

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark) J. Mercer Green M.D.
(27) Filed 9/23-22 (28) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.