

(1) PLACE OF BIRTH

County of AdamsTownship of Magnolia

Inc. Town of

City of

(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

Registration District No. 109 Registered No. 94

(For use of Local Registrar)

(2) Full Name of Child Ismael

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

(3) SEX OF CHILD <u>girl</u>	(4) Type of fetus <u>Is a normal child in form of fetus or prodig</u>	(5) Number in order of birth	(6) Are parents married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 3, 1923</u>
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FATHER		MOTHER	
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(8) FULL NAME <u>Jess James</u>	(10) NAME BEFORE MARRIAGE <u>Alie May Manning</u>
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(9) PRESENT RESIDENCE OF FATHER <u>Cashum Falls S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Cashum Falls S.C.</u>
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(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>27</u>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>18</u>
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(16) BIRTHPLACE <u>S.C.</u>	(17) BIRTHPLACE <u>S.C.</u>
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(18) OCCUPATION <u>Mechanics, Automobiles</u>	(19) OCCUPATION <u>House wife</u>
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(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.(23) (Signature) J. V. Tate M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cashum Falls S.C.

Given name added from a supplemental report

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

(27) Date Sept 9, 1923 (28) Local Registrar J. V. Tate

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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