

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

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

45162

Registration District No. 70-A Registered No. 21
(For use of Local Registrar)
St.: Ward:
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL? girl
(4) Twin or Triplet? No
(5) Number in order of birth 1
To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Boyd Gilman James

(9) PRESENT POSTOFFICE OF FATHER Jer. S.C.

(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Conductor

(20) Number of children born to mother, including present birth 4

(6) Are Parents Married? Y

(7) DATE OF BIRTH Jan. 29, 1916
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Williams

(15) PRESENT POSTOFFICE OF MOTHER Jer. S.C.

(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Williams

(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Jer. S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 191..... (28) 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.

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