

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Orangenburg*
Township of *Lion*

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
40587

Inc. Town of or Registration District No. *7619* Registered No. *H. H.*
(For use of Local Registrar)
City of *Hercules* (No.) St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. *James Goran* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Nov. 2nd 1915</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Luther Goran</i>			(14) NAME BEFORE MARRIAGE <i>Gertie Nelson</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Orangenburg S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Orangenburg S.C.</i>	
(10) COLOR OR RACE <i>Colored</i>	(11) AGE AT LAST BIRTHDAY <i>21</i> (Years)	(16) COLOR OR RACE <i>Colored</i>	(17) AGE AT LAST BIRTHDAY <i>21</i> (Years)	
(12) BIRTHPLACE <i>DK</i>			(18) BIRTHPLACE <i>DK</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>House keeper</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Rebecca Middleton*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | *Orangenburg S.C.*

Given name added from a supplemental report
all 6-19-53
191.....
ae
Registrar

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

(27) Filed *Nov 14* 1915 (28) *W. H. Duker*
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.

MARGIN RESERVED FOR BINDING. 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, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.