

11-22-43

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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Clarendon
Township of Fulton
or
Inc. Town of Pinewood
or
City of _____

Standard Certificate of Birth

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

Registration District No. 1305

FILE No.—For State Registrar Only
00209

Registered No. _____
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) _____ St.; _____ Ward

2. FULL NAME OF CHILD William Wesley James { If child is not yet named, make supplemental report as directed.

3. Boy Girl If Plural births { 4. Twins, triplets or other..... 6. Premature..... 7. Are Parents married? no 8. Date of birth Oct. 5 1916
{ 5. Number, in order of birth..... Full term..... (Month, day, year)

9. Full name **FATHER**

18. Name before marriage **MOTHER** Mary Elizabeth James

10. Residence (mailing address) (If non-resident, give place and State) _____

19. Residence (mailing address) (If non-resident, give place and State) Pinewood

11. Color or race..... 12. Age at child's birth..... (years)

20. Color or race Col 21. Age at child's birth 25 (years)

13. Birthplace (city or place) (State or country) _____

22. Birthplace (city or place) (State or country) DC

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....
16. Date (month and year) last engaged in this work _____ 19.....

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House Work
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....
25. Date (month and year) last engaged in this work _____ 19.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation..... { months weeks } 29. Cause of stillbirth..... { Before labor..... During labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 11 a.m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report..... (Date of) _____

(Signed) Mary E. Capers, Parent or _____, Guardian

Address Pinewood DC

Filed Oct. 3, 19 43 L. A. Risar, M.D. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)