

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of De Kalbor
Inc. Town of.....or
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

File No.—For State Registrar Only

43077

Registration District No. 2701 Registered No. 278

(For use of Local Registrar)

(2) Full Name of Child James Carlos If child is not yet named, make supplemental report as directed(3) 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 Dec 5 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Nashington Carlos
(9) PRESENT POSTOFFICE OF FATHER Canden
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40
(Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6MOTHER.
(14) NAME BEFORE MARRIAGE Euphene Williams
(15) PRESENT POSTOFFICE OF MOTHER Canden
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 34
(Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. L. Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Dec 16 1922 (28) M. L. Johnson 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.