

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Chapel Hill  
 Township of Lebanon  
 or  
 In Town of James  
 or  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**615**

Registration District No. 904 Registered No. 11  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Johnny Ladson  
 (9) PRESENT POSTOFFICE OF FATHER James Island  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE James Island S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Sarah Matthews  
 (15) PRESENT POSTOFFICE OF MOTHER James Island S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE James Island S.C.  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (22) I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X Rachel Matthews  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife James Island

Given name added from a supplemental report \_\_\_\_\_  
 (26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 29 1922 R. E. Lumball 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.

MACAUL OF COLUMBIA, COLUMBIA, S. C.