

(1) PLACE OF BIRTH

County of Charleston
 Township of 2nd Chas. Place
 OR
 Inc. Town of.....
 OR

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

811

Registration District No. 12thRegistered No. 5
(For use of Local Registrar)

City of (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

Johnnie James

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 19 1912
(Give of Month) (Day) (Year)

FATHER

(8) FULL NAME

Robert James

(9) PRESENT POSTOFFICE OF FATHER

Rocky S.C.

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY.....
(Years)28

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Neil Campbell

(15) PRESENT POSTOFFICE OF MOTHER

Rocky S.C.

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY.....
(Years)28

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer

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

4

(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 born alive at Rocky, S.C.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Charles L. Lister

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rocky S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

18

(28)

9.15.12

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.

1. In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 2. When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 3. 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.