

(1) PLACE OF BIRTH

County of Richland Co.

Township of

Inc. Town of

City of Calumet Co. S.C.

(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

19976

Registration District No. 212 Registered No. 1417

(For use of Local Registrar)

2) Full Name of Child James William

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH June 12 1922
 To be answered only in event of Twins or Triplets (Year of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie William(9) PRESENT POSTOFFICE OF FATHER 205 Henderson St(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION day labor(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE marion gibson(15) PRESENT POSTOFFICE OF MOTHER 205 Henderson St(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Calumet S.C.(19) OCCUPATION Wash Woman(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid wife 1417 Whaley St

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by father)

(27) Filed 6-29 19122 (28) 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.

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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, THE OTHER, NO. 2, ETC., IN QUESTION 5.

No. 1, of Calumet