

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18689

County of GeorgetownTownship of St. Jamesor  
Inc. Town of St. Jamesor  
City of St. JamesRegistration District No. 2101 Registered No. 41

(For use of Local Registrar)

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

## (2) Full Name of Child

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 event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH June 30 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Washington

(9) PRESENT POSTOFFICE OF FATHER

Rhams S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

65  
(Years)

(12) BIRTHPLACE

Georgetown County

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Paula James

(15) PRESENT POSTOFFICE OF MOTHER

Rhams S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

30  
(Years)

(18) BIRTHPLACE

Georgetown County

(19) OCCUPATION

Housewife

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

10

(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 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Nellie Ford

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Rhams S.C.

Given name added from a supplemental report

(26) Witness

G. W. Williams  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 8 1922

(28)

G. L. Ellis  
Local Registrar

19

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.

X. 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 8.

MEANS OF COLUMBIA, COLUMBIA, S. C.