

Form No. 1

(1) PLACE OF BIRTH

County of Bamberg, S.C.Township of Marion

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31746

Registration District No. 40.3 Registered No. 27
(For use of Local Registrar)(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 Elihu E. James If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 4y3 (7) DATE OF BIRTH 11/16 1923
(Month (Month) (Day) (Year))

FATHER.			MOTHER.		
(8) FULL NAME <u>Sam James</u>	(14) NAME BEFORE MARRIAGE <u>Catherine James</u>		(14) NAME BEFORE MARRIAGE <u>Catherine James</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bamberg S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bamberg</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Bamberg</u>		
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)		(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)	
(12) BIRTHPLACE <u>Bamberg</u>			(18) BIRTHPLACE <u>Bamberg</u>		
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u> / <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u> / <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Elihu E. James at 11.16.23 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Willie E. James

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bamberg 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 11/27 1923 (28) A. H. Sandifer Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 3.

Bureau of Vital Statistics, Columbia, S. C.