

(1) PLACE OF BIRTH

County of Charleston
 Township of
 or
 Inc. Town of Charleston
 or
 City of
 (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

29290

Registration District No. Registered No. 1428
 (For use of Local Registrar)

(2) Full Name of Child Amos Yetter Jr.

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

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/28 1922
 To be answered only in case of Twin or Triplet (Name of Month, (Day) (Year)

FATHER.

(8) FULL NAME Amos Yetter
 (9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
 (10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 36 (Year)
 (12) BIRTHPLACE Johns Island
 (13) OCCUPATION Labourer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Englin Gadson
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) BIRTHPLACE Edisto Island
 (19) OCCUPATION Book
 (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 9/28/22 at 330 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Handwritten Signature (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 9/30 1922 Me J. M. Green, Jr. 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.