

(1) PLACE OF BIRTH

County of Beaufort
 Township of Johns
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 12--for this register only

350

Registration District No. 112Registered No.
(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 Isaac Flowers If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or higher No (5) Number in order of birth 2 (6) DATE OF BIRTH Jan. 29, 1923

FATHER: (10) FULL NAME Isaac Flowers (11) PLACE OF BIRTH Georgia

(12) PRESENT RESIDENCE OF FATHER Birmingham, Ala. (13) COLOR Col (14) AGE AT LAST BIRTHDAY 18

(15) BIRTHPLACE Ala. (16) OCCUPATION Farm Hand

(17) Number of children born to mother, including present birth 1 (18) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was Alma (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) Mary Snipe (21) Address of Physician or Midwife Birmingham

(22) State whether Physician or Midwife

Given name added from a supplemental report

(23) Witness (Signature of Witness necessary only when question 22 is signed by parent)

(24) Filed Jan. 29, 1923 (25) H. E. McIntosh Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathed even once, it must not be reported as stillborn. No report is required or collected before the fifth month of pregnancy.