

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7097

Registration District No. 1204 Registered No. 9  
 (For use of Local Registrar)

City of ..... (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

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Reddick Boyd Embury(9) PRESENT POSTOFFICE OF FATHER Jefferson S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha E. Knight(15) PRESENT POSTOFFICE OF MOTHER Jefferson S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9 P.M.  
 on the date above stated. (Born alive or Stillborn) (Hour A.M. or P.M.)

(23) (Signature) N. C. Taylor(24) State whether Physician or Midwife (25) Address of Physician or Midwife Jefferson 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 ..... 19 ..... (28) D. R. Beachum  
 Registrar 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.

19 ..... Registrar (29) Filed ..... Local Registrar

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RECEIVED FOR RECORDING  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.