

WRITTE PLAINLY, WITH UNFADING INK—THIS IS A COMPANION OF DEPARTMENT OF HEALTH, AND MARK THE N. B.—IN A CASE OF TWINS OR TRIPLETS, OR IN THE CASE OF A BLIND OR DEAF CHILD, AND MARK THE PRESENTATION, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Charleston.....

Township of .....

or  
Inc. Town of .....

City of Charleston

(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  
**3403**

Registration District No. 9A Registered No. 248  
(For use of Local Registrar)

(No. Roper Hospital St. .... Ward) .....

(2) Full Name of Child. Baby Leroy Jackson Judge 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? M (7) DATE OF BIRTH Feb 25 1932  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sherman Judge

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE Johns Island

(13) OCCUPATION Stenographer

MOTHER.

(14) NAME BEFORE MARRIAGE Isabella Jones

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE Johns Island

(19) OCCUPATION Domestic

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

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive ... at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Raphin Seave

(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Chas St.

Given name added from a supplemental report .....

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

(27) Filed Jan 19 1932 Registrar J. Meritt Green 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.

(Date of)

Filed 1/19/32  
Cor. 19-9-32

SUD

Registrar