

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *St. P. St. M.*

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

27577

Registration District No. *909*Registered No. *151*
(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 *Joseph Smith*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *5 Mile* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Sept. 20, 1923*
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME *Joshua Smith* (14) NAME BEFORE MARRIAGE *Lucy Blake*

(9) PRESENT POSTOFFICE OF FATHER *Myers, S. C.* (15) PRESENT POSTOFFICE OF MOTHER *Myers, S. C.*

(10) COLOR OR RACE *col.* (11) AGE AT LAST BIRTHDAY *50* (16) COLOR OR RACE *col.* (17) AGE AT LAST BIRTHDAY *43*
 (Year) (Year)

(12) BIRTHPLACE *Charleston, S. C.* (18) BIRTHPLACE *Charleston Co.*

(13) OCCUPATION *common Laborer* (19) OCCUPATION *Housework*

(20) Number of children born to mother, including present birth *12* (21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *David Legare* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *St. Michael's*

(Given name added from a supplemental report)

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

(27) Filed *Oct. 8, 1923* (28) *B. F. Myers* 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.