

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of Charleston S.C.
 or
 Inc. Town of Sumter
 or
 City of Charleston S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6842

Registration District No. 9 A Registered No. 456
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. 4. Roman St.; Ward)

(2) Full Name of Child Isaiah Ladren If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? single (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 27, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaiah Ladren
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE Caled (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Mt Pleasant S.C.
 (13) OCCUPATION V. S. P.
 (20) Number of children born to mother, including present birth 1. C. child

MOTHER.

(14) NAME BEFORE MARRIAGE Julie B. Roman
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE Caled (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Charleston S.C.
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 1. Living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isaiah Ladren (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 33 Chestnut

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 3/28 19 22 (CS) J. Marcus Green M.D. 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.

MECHANICAL OF COLUMBIA, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

Filed 3/28 19 22 Collected 3/29 19 22