

MARGIN RESERVED FOR BINDING.

WHEN PLAINING, WITH UNREPEATED—THIS IS A PERMANENT RECORD FOR EACH CHILD, and mark the
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 CHILD'S NAME, No. 1, 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Charleston
 Township of St. C. St. M.
 or
 Inc. Town of _____
 or
 City of Meeting st.
 (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
3506

Registration District No. 9.09 Registered No. 34
 (For use of Local Registrar)

(2) Full Name of Child James Pileda

St. _____ Ward _____
 (If child is not yet named, make supplemental report as directed)

| | | | | |
|---|-----------------------------------|--|--|---|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb 20 1922</u> (Name of Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| (8) FULL NAME <u>Garry Pileda</u> | | | (14) NAME BEFORE MARRIAGE <u>Ellen Stanley</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Myers S. C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Myers S. C.</u> | |
| (10) COLOR OR RACE <u>Colored</u> | | | (16) COLOR OR RACE <u>Colored</u> | |
| (11) AGE AT LAST BIRTHDAY <u>25</u> (Year) | | | (17) AGE AT LAST BIRTHDAY <u>21</u> (Year) | |
| (12) BIRTHPLACE <u>Cuba</u> | | | (18) BIRTHPLACE <u>Charleston S. C.</u> | |
| (13) OCCUPATION <u>Common Labor</u> | | | (19) OCCUPATION <u>house wife</u> | |
| (20) Number of children born to mother, including present birth <u>two</u> | | | (21) Number of children of this mother now living, including present birth <u>two</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Maggie Paulson
 (24) State whether Physician or Midwife
24 Shepherd St Mid-wife
 (25) Address of Physician or Midwife

Given name added from a supplemental report _____
 (26) Witness (Signature of Witness necessary only when question 23 is signed by parent)
Feb 25 1922
 (27) Filed _____ (28) Local Registrar
C. F. Myers

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.
 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.