

MARGIN RESERVE FOR BINDING.

WHITE PLAINLY. WITH ENLARGING INK—THIS IS A PERMANENT RECORD. AND MARK THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE SET OF NO. 1 FOR EACH CHILD, and mark the
PLUMB-LINE, No. 1 WITH OTHER, No. 2, etc. in question 6

(1) PLACE OF BIRTH

County of Charleston
Township of St. Philip
or
Inc. Town of St. Michael
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
3505

Registration District No. 7.2.9. Registered No. 33
(For use of Local Registrar)

(2) Full Name of Child

John Westcott (No. 7 Male St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 18, 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John Westcott</u>			(14) NAME BEFORE MARRIAGE <u>Louisa Washington</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>7 Mile</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>7 Mile</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>22 yrs.</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18 yrs.</u> (Years)	
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>laborer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 7 Mile, on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Rosa Bennett
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 7 Mile

Given name added from a supplemental report

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

(27) Filed Feb. 25, 1922 (28) B. J. 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.

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