

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Register Only

530

County of Charleston

Township of

City of Charleston, S.C.

City of Charleston, S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9

Registered No. 155

(For use of Local Registrar)

(2) Full Name of Child Joseph Nathaniel Sumter

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

(1) SEX Boy (4) Type of Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 29 23

FATHER
FULL NAME Joseph Nathaniel Wiles

MOTHER
(14) NAME BEFORE MARRIAGE Oda May Sumter

(15) PRESENT POSTOFFICE OF FATHER Jacksonville Fla.

(16) PRESENT POSTOFFICE OF MOTHER 121 Fishburne Charleston S.C.

(18) COLOR OR RACE negro (19) AGE AT LAST BIRTHDAY 22 (Years)

(18) COLOR OR RACE negro (19) AGE AT LAST BIRTHDAY 18 (Years)

(20) BIRTHPLACE Key West Fla.

(20) BIRTHPLACE Charleston S.C.

(21) OCCUPATION Painter

(21) OCCUPATION Domestic

(22) Number of children born to mother, including present birth 1

(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) J. N. A. M. A. Charleston S.C.

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report

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

(28) Filed 7/3/23 (29) M. A. G. L. D.

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.