

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of

(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 Register Only

27472

Registration District No. 2ARegistered No.
(For use of Local Registrar)

(2) Full Name of Child

John Smith

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

(3) SEX

Boy

(4) Twin or Triplet

To be covered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parent Married

yes

(7) DATE OF BIRTH

Sept 9, 1923

FATHER.

(8) FULL NAME

Rassie Smith

(9) PRESENT POSTOFFICE OF FATHER

287 St

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

37

(12) BIRTHPLACE

St. George

(13) OCCUPATION

Fireman

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Kessey Read

(15) PRESENT POSTOFFICE OF MOTHER

287 St

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

St George, SC

(19) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

9/14

(27) by

Meritt Green

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.