

(1) PERSON TO RETURN

CERTIFICATE OF BIRTH

County of Charleston

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

27411

Township of

or

Inc. Town of

or

City of Charleston

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

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Cliffith Berry

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

(1) BOY
GIRLGirl(4) Twin
or Triplet?No(5) Number in
order of birth1

To be answered only in event of Twin or Triplet

(6) Are
Parents
MarriedYes(7) DATE OF
BIRTHSept. 41923

(Name of Month) (Day) (Year)

(10) FULL
NAMEJames Berry

FATHER

(11) PRESENT
POSTOFFICE
OF FATHERCharleston(12) COLOR
OR
RACECol.(13) AGE AT LAST
BIRTHDAY19
(Years)

(14) BIRTHPLACE

Georgia

(15) OCCUPATION

laborer(16) Number of children born to
mother, including present birth1(14) NAME BEFORE
MARRIAGECliffith Allen(15) PRESENT
POSTOFFICE
OF MOTHERCharleston(16) COLOR
OR
RACECol.(17) AGE AT LAST
BIRTHDAY16
(Years)

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

Domestic(20) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive
on the date above stated. (Born alive or stillborn)(22) (Signature) W. H. Berry

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

101 N. Main St.CharlestonGiven name added from a supplement-
tal report

101

Registrar

(25) Witness

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

(26) Filed

9.6.23

1923

J. MorrisLocal RegistrarWhen 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.

Filed