

## (1) PLACE OF BIRTH

County of ... *Charleston* ...

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.)

(2) Full Name of Child *Jessie Gaddden*File No. — For State Registrar Only  
17855

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *9 A* ... Registered No. *829* ...  
(For use of Local Registrar)(No. *1 S. Cooper* ... St.; ... Ward)

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

3) BOY OR GIRL? <i>G</i>	4) Twin or Triplet? <i>one</i>	5) Number in order of birth <i>6</i>	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>June 14</i> 19 <i>22</i> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME *Thomas Gaddden*9) PRESENT POSTOFFICE OF FATHER *18 Cooper St.*10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *40* (Years)12) BIRTHPLACE *Wadmalaw Island S. C.*13) OCCUPATION *City Expressman*20) Number of children born to mother, including present birth *6*

## MOTHER.

14) NAME BEFORE MARRIAGE *Viola Gaddden*15) PRESENT POSTOFFICE OF MOTHER *18 Cooper St.*16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *38* (Years)18) BIRTHPLACE *Wadmalaw Island S. C.*19) OCCUPATION *Seamedress*21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... *Alive* ... at *1:30 P.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Lawrence Washington*(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *13 West St.*

Given name added from a supplemental report

(26) Witness *Edm Barry 34 Anson St*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *6/19/22* (28) *J. Marcus Lisen M.D.* 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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