

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 15907

County of Charleston
City of Charleston

Registration District No. 4003

Registered No. 7
(For use of Local Registrar)

St. Town of

(No. 4003 St. Ward)

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

(1) Full Name of Child Unnamed

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

(2) SEX OR

(3) Twin or Triplet

(4) Number in order of birth

(5) Are Parents Married

(6) DATE OF BIRTH

(Name of Month) (Day) (Year)

girl

FATHER.

(7) FULL NAME

John W. Potts

(8) PRESENT RESIDENCE OF FATHER

Ross, South Carolina

(9) COLOR OR RACE

White

(10) AGE AT LAST BIRTHDAY

46

(11) BIRTHPLACE

Ross, South Carolina

(12) OCCUPATION

farm laborer

MOTHER.

(13) NAME BEFORE MARRIAGE

Dessie Tucker

(14) PRESENT POSTOFFICE OF MOTHER

Ross, South Carolina

(15) COLOR OR RACE

White

(16) AGE AT LAST BIRTHDAY

25

(17) BIRTHPLACE

Leahia, Union Co., S.C.

(18) OCCUPATION

at home

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

2

(20) Number of children born to mother, 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 11:55 P.M. on the date above stated.

(Hour and day P.M.)

(22) (Signature)

J. B. Potts

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Physician Ross, South Carolina

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed

19

(27) Local Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

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