

(1) PLACE OF BIRTH

County of COLUMBIA

Township of

Inc. Town of

City of Charleston

(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 Registrar Only

45597

Registration District No. 16 Registered No. 27

(For use of Local Registrar)

(2) Full Name of Child John Middleton

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

Is he suckled only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan. 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Middleton

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

labor

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Holmes

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

house work

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 o'clock on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Nelson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife32 Sumter St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/16 1916

(28)

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia