

(1) PLACE OF BIRTH

County of Charleston  
Township of St. Paul  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**39230**

Registration District No. 910 Registered No. 29  
(For use of Local Registrar)

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

(2) Full Name of Child John Henry (if child is not yet named, make supplemental report as directed)

(3) SEX OR SEXES Boy (4) Twin or Triplets 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 29 23  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME John Henry Sr  
(9) PRESENT RESIDENCE OF FATHER Meggett St  
(10) COLOR OR HAIR White (11) AGE AT LAST BIRTHDAY 36 (Year)  
(12) BIRTHPLACE Charleston  
(13) OCCUPATION Laborer  
(14) Number of children born to father, including present birth 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Maria Talbert  
(15) PRESENT RESIDENCE OF MOTHER Meggett St  
(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 25 (Year)  
(18) BIRTHPLACE Charleston  
(19) OCCUPATION House Wife  
(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 Alive at 4 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Lucas Aiken (23) Address of Physician or Midwife Meggett  
(24) State whether Physician or Midwife Mid Wife

(25) Witness John Barnard (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed Dec 12 23 (27) Mrs. K. M. Fitch 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.