

(1) PLACE OF BIRTH

County of Charleston
 Township of St. Paul
 or
 Inc. Town 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)

City of (No. St. Ward)
 (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 OF CHILD Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 29 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Henry
 (9) PRESENT RESIDENCE OF FATHER Meggett St
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)
 (12) BIRTHPLACE Charleston
 (13) OCCUPATION Laborer

MOTHER.
 (14) NAME BEFORE MARRIAGE Maria Talbert
 (15) PRESENT RESIDENCE OF MOTHER Meggett St
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lester Aiken
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Meggett

Give name added from a supplemental report
 (26) Witness John Barnes
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 12 1923 (28) Mrs. K. M. F. X 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.