

(1) PLACE OF BIRTH

County of Charleston
 Township of Wadmalaw
 Inc. Town of
 or
 City of Grove Hill
 (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

310592

Registration District No.

Registered No.
 (For use of Local Registrar)

304

St. Ward)

If child is not yet named, make
 temporary record as follows:Date of Birth Sept 29, 1923
 (Name of Month) (Year) (Year)

MOTHER.

(2) Full Name of Child James Edward Boyce

(a) Sex of Child Boy
 (b) Day of Month 10
 (c) Month in Year of Birth Sept
 (d) Year 1923
 (e) Father John J. Steele

(f) Full Name J. J. Steele
 (g) Present Postoffice of Father Grove Hill

(h) Color white (i) Age at birth 1
 (j) Race white (k) Sex M

(l) Birthplace S.C.

(m) Occupation Farmer

(n) Number of children born to mother, including present birth 5

(o) Number of children now living 5

(p) Number of stillborn children 0

(q) Number of children born dead 0

(r) Number of children lost 0

(s) Number of children adopted 0

(t) Number of children given away 0

(u) Number of children deceased 0

(v) Number of children lost by death 0

(w) Number of children lost by adoption 0

(x) Number of children lost by giving away 0

(y) Number of children lost by death and adoption 0

(z) Number of children lost by death and giving away 0

(aa) Number of children lost by death and adoption and giving away 0

(bb) Number of children lost by death, adoption, giving away and death and adoption and giving away 0

(cc) Number of children lost by death, adoption, giving away and death and adoption and giving away and death and adoption and giving away 0

(dd) Number of children lost by death, adoption, giving away and death and adoption and giving away and death and adoption and giving away and death and adoption and giving away 0

(14) MOTHER Nellie Patterson(15) FATHER Grove Hill(16) COLOR white (17) AGE 38(18) RACE white (19) SEX M(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5(22) Number of stillborn children 0(23) Number of children lost by death 0(24) Number of children lost by adoption 0(25) Number of children lost by giving away 0(26) Number of children lost by death and adoption 0(27) Number of children lost by death and giving away 0(28) Number of children lost by death and adoption and giving away 0(29) Number of children lost by death, adoption, giving away and death and adoption and giving away 0(30) Number of children lost by death, adoption, giving away and death and adoption and giving away and death and adoption and giving away 0(31) Number of children lost by death, adoption, giving away and death and adoption and giving away and death and adoption and giving away and death and adoption and giving away 0(32) Number of children lost by death, adoption, giving away and death and adoption and giving away 0(33) Number of children lost by death, adoption, giving away and death and adoption and giving away 0(34) Number of children lost by death, adoption, giving away and death and adoption and giving away 0(35) Number of children lost by death, adoption, giving away and death and adoption and giving away 0(36) Number of children lost by death, adoption, giving away and death and adoption and giving away 0(37) Number of children lost by death, adoption, giving away and death and adoption and giving away 0

Gives name added from a supplemental report

(28) WITNESS

(Signature of Witness necessary only
 when question 28 is signed by mark)

(29) STATED

Dec 10, 19... (30) Miss Maggie ToddWhen there was no attending physician, then the father, householder, etc., should make this record.
 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.

before the fifth month of pregnancy.