

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Christ Church
 or
 Inc. Town of Awendaw SC
 or
 City of _____ (No. _____ St.; _____ Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27530

Registration District No. 901 Registered No. 114
 (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 Gould If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 9th 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Gould

(9) PRESENT POSTOFFICE OF FATHER Awendaw S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30
 (Year)

(12) BIRTHPLACE 15 mile, Charleston County

(13) OCCUPATION Asphalt Street Paver

(20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Rosalee Baldwin

(15) PRESENT POSTOFFICE OF MOTHER Awendaw S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26
 (Year)

(18) BIRTHPLACE Awendaw, S.C.

(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 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah F. White

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Awendaw S.C.

Given name added from a supplemental report

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

(27) Filed Sept 15 1923 (28) J. B. Kinsey
 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.
 M. 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 1.

Bureau of Census, Columbia, S. C.