

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Charleston  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**32244**

Registration District No. U002 Registered No. 113  
 (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

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

3. SEX OF CHILD Boy 4. Twin or Triplet — 5. Number in order of birth 4 6. Are Parents Married Yes 7. DATE OF BIRTH Sept 21, 22  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

## FATHER

8. FULL NAME B. B. Jolly  
 9. PRESENT POSTOFFICE OF FATHER Charleston S.C.  
 10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 28  
 12. BIRTHPLACE S.C.  
 13. OCCUPATION Merchandising  
 20. Number of children born to father, including present birth 14

## MOTHER

14. NAME BEFORE MARRIAGE Minnie Giblin  
 15. PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
 16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 27  
 18. BIRTHPLACE S.C.  
 19. OCCUPATION Housekeeping  
 21. Number of children of this mother now living, including present birth 14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. Jolly at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. McBratney  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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

(27) Filed ..... 19 .....

(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.