

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.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 5.

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only  
520

Registration District No. 9 A Registered No. 100  
(For use of Local Registrar)  
(No. Robert Hospital St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Baby Judge

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 18 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Mack  
(9) PRESENT POSTOFFICE OF FATHER Charleston  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE John Island  
(13) OCCUPATION Pool room  
(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Judge  
(15) PRESENT POSTOFFICE OF MOTHER Charleston  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE Rockville S.C.  
(19) OCCUPATION Book  
(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 born alive at 8:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Ralph N. Beane M.D.  
(24) State whether Physician or Midwife Phys (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 1/23 1922 Mercer Green H. D. Local Registrar

When there was no attending physician or midwife, then the father, household, 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.

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