

(1) PLACE OF BIRTH

County of Charleston

Township of

OF

Inc. Town of

OF

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

27377

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

(8) Are
Parents
Married?If child is not yet named, make
mental report as directed(3) BOY OR
GIRL?Boy(4) Twin
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married?Sept 22, 1923
(Name) (Month) (Day) (Year)

FATHER.

(9) FULL
NAMEJoseph Perry(10) PRESENT
POSTOFFICE
OF FATHERCharleston(11) COLOR
OR
RACECol(12) AGE AT LAST
BIRTHDAY27

(13) BIRTHPLACE

Edisto, S.C.

(14) OCCUPATION

Lumber(15) NAME BEFORE
MARRIAGELaura Williams(16) PRESENT
POSTOFFICE
OF MOTHERCharleston(17) COLOR
OR
RACECol(18) AGE AT LAST
BIRTHDAY21

(19) BIRTHPLACE

Edisto, S.C.

(20) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife 102 FoyGiven name added from a supplement
tal report

(26) Witness

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

(27) Filed

9/25 1923 J. M. Green Local Registrar19
RegistrarWhen 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.