

WHITE 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 4.

(1) PLACE OF BIRTH

County of *Charleston*Township of *St. P. St. M.*

or

Inc. Town of

or

City of *North Charleston*

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

(2) Full Name of Child *Hazel Elizabeth John*(3) BOY OR GIRL
Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 10 1922
(Name) (Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Smith*(15) PRESENT POSTOFFICE OF MOTHER *North Charleston S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *18*
(Years)(18) BIRTHPLACE *Charleston S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... *Margaret A. S. A.*
(Born alive or stillborn) (Hour of Birth P. M.)
on the date above stated.(23) (Signature) *D. W. Hines*

(24) State whether Physician or Midwife

(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 mother)

(27) Filed *Feb. 17 1922*(28) Local Registrar *C. F. Myers*

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.

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3502

Registration District No. *909*Registered No. *29*

(For use of Local Registrar)