

(1) PLACE OF BIRTH

County of
 of

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

No. 1a. - For State Registrar Only
35046

Registration District No. 9A Registered No. 1000
 (For use of Local Registrar)

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

7) Full Name of Child Lenny Major If child is not yet named, make supplemental report as directed

Boy or Girl Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 11/18/23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Solomon Major
 (9) PRESENT RESIDENCE OF FATHER Charleston, S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 33 (Year)
 (12) BIRTHPLACE Charleston, S.C.
 (13) OCCUPATION Laborer
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Wilson
 (15) PRESENT RESIDENCE OF MOTHER Charleston, S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE Charleston, S.C.
 (19) OCCUPATION House Keeper
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Pauline Brooks
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Midwife 15 Congress

Given name added from a supplemental report

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

(26) Filed 12/6/23 (27) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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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