

(1) PLACE OF BIRTH

County of Dorchester

Township of

Inc. Town of St. George's

City of

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

File No. — For State Registrar Only

3685Registration District No. 1703 Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child Do not know

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

3 BOY OR GIRL Girl (4) Number in order of birth 1 (5) Are Parents Married? Yes (6) DATE OF BIRTH Jan 22, 1923
 To be answered only in event of Twins or Triplets (Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE
 (15) PRESENT POSTOFFICE OF FATHER St George's S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE St George's S.C.
 (19) OCCUPATION in Pa. 1922
 (20) Number of children born to mother, including present birth 1

MOTHER. (14) NAME BEFORE MARRIAGE
 (15) PRESENT POSTOFFICE OF MOTHER St George's S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) C. Johnston
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 19 (27) 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.

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