

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 3243 For State Register

3243

Registration District No. 9ARegistered No. 333
(For use of Local Registrar)(2) Full Name of Child Joshua Sterns

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

(3) SEX OF CHILD
Male(4) Type
or Type(5) Number in
order of birth(6) Are
Twin(7) DATE OF
BIRTHFeb. 7, 1923
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Sterns(9) PRESENT RESIDENCE OF FATHER Charleston(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 55
(Year)(12) BIRTHPLACE Charleston(13) OCCUPATION Drayman(14) Number of children this is Two
born, including present one

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Green(15) PRESENT RESIDENCE OF MOTHER Charleston(16) COLOR Negro (17) AGE AT LAST BIRTHDAY 36
(Year)(18) BIRTHPLACE Charleston(19) OCCUPATION Domestic(21) Number of children of this mother Two
now living, including present one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 5:00 A.M.
on the date above stated. (Sign at residence) (Hour P. M. or P. M.)(23) Signature M. Ellison (24) State whether Registered Midwife (25) Address of Physician or Midwife 5 Pine St.

Given under my hand and the seal of the Registrar

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

(27) Date Feb. 23 (28) Local Registrar

This certificate should be filed with the father, householder, etc. should make this return. No report is desired of stillbirths before the first month of pregnancy.