

(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.)

(2) Full Name of Child *John Eden Williams* If child is not yet named, make supplemental report as directed

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|---------------------------------|--|--|-------------------------------|---|
| (3) SEX OR GENDER <i>Boy</i> | (4) Type or Figure To be answered only in case of Twins or Triplets | (5) Number in order of birth <i>1st</i> | (6) Age at Birth <i>40</i> | (7) DATE OF BIRTH <i>June 3 23</i> (Name of Month) (Day) (Year) |
|---------------------------------|--|--|-------------------------------|---|

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|---|--|--|---|
| FATHER. | | MOTHER. | |
| (8) FULL NAME <i>Peter Williams</i> | (14) NAME BEFORE MARRIAGE <i>Irene Sides</i> | (9) PRESENT POSTOFFICE OF FATHER <i>Charleston S.C.</i> | (15) PRESENT POSTOFFICE OF MOTHER <i>Charleston S.C.</i> |
| (10) COLOR OR RACE <i>Negro</i> | (11) AGE AT LAST BIRTHDAY <i>30</i> (Year) | (16) COLOR OR RACE <i>Negro</i> | (17) AGE AT LAST BIRTHDAY <i>25</i> (Year) |
| (12) BIRTHPLACE <i>Charleston S.C.</i> | (18) BIRTHPLACE <i>Charleston S.C.</i> | (19) OCCUPATION <i>laborer</i> | (20) OCCUPATION <i>domestic</i> |
| (21) Number of children born to mother, including present birth <i>5</i> | (22) Number of children of this mother now living, including present birth <i>3</i> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born alive* at *5-4* A. M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

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| (24) (Signature) <i>Matha Robinson</i> | (25) Address of Physician or Midwife <i>820 Charleston St.</i> |
| (26) State whether Physician or Midwife <i>Midwife</i> | |

Give name added from a supplemental report

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| (28) Witness (Signature of Witness necessary only when question 23 is signed by mother) | (29) Filed <i>6/7 238</i> <i>Merced Green M.D.</i> Local Registrar |
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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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