

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. - For Birth Register No. 578

Registration District No. 995 Registered No. 3
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Gadsen If child is not yet named, make supplemental report as directed

(3) Sex Female (4) Age at birth 0 (5) Date of birth Jan. 5, 1923
 (6) Place of birth Johns Island

FATHER		MOTHER	
(10) Full name	<u>Oscar Gadsen</u>	(10) Full name	<u>Susan Smith</u>
(11) Place of birth	<u>Johns Island</u>	(11) Place of birth	<u>Johns Island</u>
(12) Color	<u>White</u>	(12) Color	<u>White</u>
(13) Age at last birthday	<u>22</u>	(13) Age at last birthday	<u>19</u>
(14) Birthplace	<u>Johns Island</u>	(14) Birthplace	<u>Johns Island</u>
(15) Occupation	<u>Farmer</u>	(15) Occupation	<u>Farmer Laborer</u>
(16) Number of children born to mother, including present birth	<u>One</u>	(16) Number of children of this mother now living, including present birth	<u>One</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(18) (Signature) Nancy Cohen
 (19) Place whether Physician or Midwife midwife (20) Address of Physician or Midwife Johns Island

Given name added from a supplemental report
 (21) Witness (Signature of Witness necessary only when question is signed by mother) Mr. E. H. Hill
 (22) Date Feb. 5, 1923

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 children born before the fifth month of pregnancy.