FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston

Township of .....
or
Inc. Town of .....
or
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

File No.—For State Registrar Only
17883

Registration District No. 9A Registered No. 861
(For use of Local Registrar)

(No. 7 Liberty St.; ..... Ward)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			No	June 18, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Not given	(14) NAME BEFORE MARRIAGE	Jeratine Whitfield
(9) PRESENT POSTOFFICE OF FATHER	Not given	(15) PRESENT POSTOFFICE OF MOTHER	7 Liberty St. Charleston S.C.
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	24	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Not given	(18) BIRTHPLACE	Charleston
(13) OCCUPATION	Laborer	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	Two	(21) Number of children of this mother now living, including present birth	Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [signature]
(24) State whether Physician or Midwife M.D.
(25) Address of Physician or Midwife Roper Hospital

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed 6/21 1922 (28) J. Mercier Green M.D.

*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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