Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
13764

(1) PLACE OF BIRTH

County of Bft
Township of "
or
Inc. Town of "
or
City of "

Registration District No. 6a
Registered No. 21
(For use of Local Registrar)

(No. Blake 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 John Henry [illegible]

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

(3) Boy or Girl? Boy
(4) Twin or Triplet?
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? no
(7) Date of Birth May 5 1922 (Name of Month) (Day) (Year)

FATHER.

(8) Full Name: James [illegible]
(9) Present Postoffice of Father: Cat Island S.C.
(10) Color or Race: Colored
(11) Age at last birthday (Years)
(12) Birthplace: S.C.
(13) Occupation: Farm Hand

MOTHER.

(14) Name before marriage: Roxann Blake
(15) Present Postoffice of Mother: Pt Royal
(16) Color or Race: Colored
(17) Age at last birthday: 18 (Years)
(18) Birthplace: S.C.
(19) Occupation: Farm Hand

(20) Number of children born to mother, including present birth
(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 a M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Patsy x Pringle
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
19
Registrar

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

(27) Filed May 6 1922 (28) H.A.G. Kessler
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.