

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonInc. Town of San JohnCity of San John

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

(2) Full Name of Child

No. 5207Registration District No. 4.008 Registered No. 21
(For use of Local Registrar)

(3) SEX OF CHILD

Boy

(4) Twin or Triplet

No

(5) Number in order of birth

5

(6) Age of Child

76

(7) DATE OF BIRTH

July 2, 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER
John Frost, J.C.

(9) PRESENT POSTOFFICE OF FATHER

C.N. Caldwell

(10) COLOR OR RACE

N

(11) AGE AT LAST BIRTHDAY

48
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

MOTHER
Bessie Thorne

(15) PRESENT POSTOFFICE OF MOTHER

John Frost, J.C.

(16) COLOR OR RACE

N

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

(20) Number of children born to mother, including present birth

5

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M. on the date above stated.
(Was alive at birth) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Charleston, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 4 1923(28) Mrs. C. F. Parker
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.

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