

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Ine. 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

Registration District No.

9 A

Registered No.

594

(For use of Local Registrar)

St.

4

Ward

(2) Full Name of Child

Leon Track

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Apr 1st 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Track

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

8

(Year)

(12) BIRTHPLACE

Summerville

(13) OCCUPATION

Cabinet maker

MOTHER.

(14) NAME BEFORE MARRIAGE

Barrie Darity

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

80

(Year)

(18) BIRTHPLACE

Flat Rock N.C.

(19) OCCUPATION

house keeper

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

1

5

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

1

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Philippe Twine

(24) State whether Physician or Midwife

Mid wife

(25) Address of Physician or Midwife

8 Montague St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

4/17

1922

(28)

J. McNeill 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.