

(1) PLACE OF BIRTH

County of Charleston, S.C.
 Township of Charleston, S.C.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

23939

Inc. Town of Registration District No. 17.1 Registered No. 89
 or (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 { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 16, 1913
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James M. Black
 (9) PRESENT POSTOFFICE OF FATHER Buffalo, N.Y.
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Charleston, S.C.

MOTHER

(14) NAME BEFORE MARRIAGE Annie H. Haskins
 (15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Charleston, S.C.
 (19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 2

(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 born at 5:55 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 (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 Aug 15, 1913 (28) [Signature] Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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