

## (1) PLACE OF BIRTH

County of

Charleston

Township of

Sandy Ground

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No. 1

(For use of Local Registrar)

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

(No.

St.

Ward)

## (2) Full Name of Child

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

Jan 11 23

(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

43

(12) BIRTHPLACE

(13) OCCUPATION

Charleston  
Farming

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

18

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

white

(18) AGE AT LAST BIRTHDAY

38

(19) BIRTHPLACE

(20) OCCUPATION

Charleston  
Housewife

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

18

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... at... M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 15 1923

(28) E. H. 1497 Adlin

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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