

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inr. Town of .....or  
City of Charleston S.C.

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17813

Registration District No. ....

Registered No. .... 780.

(For use of Local Registrar)

(No. 37 Benson St.; ..... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 14, 1922  
Name (Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Julius F. Vernon

(9) PRESENT POSTOFFICE OF FATHER

37 Benson St. City

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Clerk

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

11

## MOTHER.

(14) NAME BEFORE MARRIAGE

Agnes J. Craft

(15) PRESENT POSTOFFICE OF MOTHER

37 Benson St.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31  
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

house wife

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

8. Now living

## 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 10/6 (28) J. Mercer Green 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.