

(1) PLACE OF BIRTH

County of CharlestonTownship of St. Charlesor Inc. Town of St. CharlesCity of St. Charles

(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

32126

Registration District No. 9-BRegistered No. 201
(For use of Local Registrar)(2) Full Name of Child James

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

(a) SEX OF CHILD <u>Boy</u>	(b) Type of Birth <u>Normal</u>	(c) Number of Birth <u>1</u>	(d) Date of Birth <u>Nov 23</u>
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FATHER		MOTHER	
(1) FULL NAME <u>James Brown</u>	(1) FULL NAME <u>Ladie Miller</u>	(2) PRESENT RESIDENCE <u>St. Charles</u>	(2) PRESENT RESIDENCE <u>St. Charles</u>
(3) COLOR <u>Caucasian</u>	(3) COLOR <u>Caucasian</u>	(4) AGE AT LAST BIRTHDAY <u>26</u>	(4) AGE AT LAST BIRTHDAY <u>26</u>
(5) BIRTHPLACE <u>Johns Creek</u>	(5) BIRTHPLACE <u>Johns Creek</u>	(6) OCCUPATION <u>Farmer</u>	(6) OCCUPATION <u>House Work</u>
(7) NUMBER OF CHILDREN born to mother, including present birth <u>one</u>	(7) NUMBER OF CHILDREN born to mother, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature <u>James</u>	(24) State where born <u>South Carolina</u>	(25) Address of physician or midwife <u>St. Charles</u>
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Given name added from a supplemental report	(26) Witness (signature of witness necessary only when question 22 is signed by mother) <u>W. C. 23</u>
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(27) When there was no attending physician or midwife, then the father, householder, etc., should sign, and if a child breathes even once, it must not be reported as stillborn. No return is required if the child is stillborn before the first breath of life.