

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

(2) Full Name of Child

(1) SEX OF CHILD Boy (2) Type of Infant Full (3) Number in order of birth 1st (4) Age of Parents yes (5) DATE OF BIRTH Feb. 4, 1920
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Francis Smith</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Johnson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>24 yrs</u>	(12) COLOR OR RACE <u>Colored</u>	(13) AGE AT LAST BIRTHDAY <u>20</u>
(12) BIRTHPLACE <u>Charleston S.C.</u>	(14) BIRTHPLACE <u>Charleston S.C.</u>	(14) OCCUPATION <u>Plumber</u>	(16) OCCUPATION <u>house work</u>
(16) Number of children born to mother, including present birth <u>sixth</u>	(18) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was at 12 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Lelia Johnson
 (23) Place where born Charleston S.C. (24) Address of Physician or Midwife 611 Myrtle St
 (25) Witness W. H. Green, Jr.
 (Signature of Witness necessary only when question is signed by mark)
 (27) Date 19 Local Registrar.

When the child is born in a hospital, institution, or other place, the father, mother, or other person in charge of the institution, etc., should make this return.
 If a child is born dead, it must be reported as stillborn. Report is desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar

3186

Registration District No. 9 A Registered No. 261

(For use of Local Registrar)

(No. 7 Liberty St.; Ward)