CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41260

(1) PLACE OF BIRTH
County of Charleston S.C.
Township of .....
or
Inc. Town of .....
or
City of Charleston S.C.
Registration District No. 9 A Registered No. 1904
(For use of Local Registrar)
(No. 64 State St. 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 Male Infant of Florence Holmes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		1	No	Dec 29, 1922

FATHER

(8) FULL NAME Tranbe Thager.
(9) PRESENT POSTOFFICE OF FATHER [illegible]
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Madagascar [illegible]
(13) OCCUPATION Labor.
(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Florence Holmes.
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE Edisto Isl. S.C.
(19) OCCUPATION Homestuc.
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wellshire Pinkney M.D. Practicle
(24) State whether [redacted] or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
..... 19 ....
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/8 19 23 (28) ..... 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.

No. 19—1m case of 2/WEEK, THE STATE'S BOOK and a MAGAZINE BLANK FREE. BOARD CERTIFICATE, and means the WEEKLY STATE, WITH UNEXAMINED ENDORSEMENT AS A PUBLICATION'S ASSOCIATION. Bureau of Columbia, Columbia, S. C.