

1. PLACE OF BIRTH
County of Charleston
Township of _____
or
Inc. Town of _____
or
City of Charleston
(If birth occurs in a hospital or other institution, give name of such instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 9a

FILE No. For State Registrar Only
35061

Registered No. 1644
(For use of Local Registrar)

2. FULL NAME OF CHILD

2081 Battery
Jessie May Fanny

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

3. Sex Girl 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legitimate? Yes 8. Date of birth Nov. 6 1923
(Month, day, year)

9. Full name of FATHER
Joseph Fanny

10. Full name of MOTHER
Henrietta Youngblood

10. Residence (usual place of abode)
(If nonresident, give place and State) City

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11. Color or race Col. 12. Age at last birthday 25 (Years)

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13. Birthplace (city or place)
(State or country) S.C.

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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salmon Private

14. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Chapman Private

15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

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17. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

18. If stillborn, period of gestation _____ { months weeks } 19. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3a m. on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) James

Given name added from a supplemental report _____ (Date of) _____

or James Youngblood

Address 1 Bottle Allen

Filed 11-12-1923 J. M. Brown