

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

## 1. PLACE OF BIRTH

County of Charleston  
 Township of St Andrews  
 or  
 Inc. Town of Parish  
 or  
 City of S.C.

Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. 908

FILE No.—For State Registrar Only

27566-aRegistered No. \_\_\_\_\_  
(For use of Local Registrar)

## 2. FULL NAME OF CHILD

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)  
Ulla May Poland (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl <u>girl</u>	4. Twin, triplet, or other <u>1</u>	5. Premature <u>Full term</u>	6. Date of birth <u>Sept. 23</u> 19 <u>23</u> (Month, day, year)
9. Full name <u>Johnnie Poland</u>	10. Residence (usual place of abode) (If nonresident, give place and State) <u>St Andrews Parish</u>	11. Color or race <u>white</u>	12. Age at last birthday <u>34</u> (Years)
13. Birthplace (city or place) (State or country) <u>S.C.</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work <u>Sept</u> 19 <u>23</u>
17. Total time (years) spent in this work <u>16 yrs</u>	18. Full maiden name <u>Maggie Walker</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>St Andrews Parish</u>	20. Color or race <u>white</u>
21. Age at last birthday <u>30</u> (Years)	22. Birthplace (city or place) (State or country) <u>Clarendon S.C.</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work <u>Sept</u> 19 <u>23</u>	26. Total time (years) spent in this work <u>15 yrs</u>	27. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____	28. If stillborn, period of gestation _____ { months _____ weeks _____ } 29. Cause of stillbirth _____
30. If stillborn, period of gestation _____ { months _____ weeks _____ } 31. Cause of stillbirth _____			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 P.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.  
 Given name added from  
 a supplemental report \_\_\_\_\_  
 (Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.  
 or Rebecca Browne Midwife  
 Address John's Island S.C.  
 Filed Aug 25, 1933 Mary Bonn Registrar.