

County of Charleston State of South Carolina
 City of Charleston Registration District No. 10 Registered No. 510
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child John Francis Imaine If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD Boy (3) AGE OF CHILD 10 (4) DATE OF BIRTH Jan 17 1914
 (5) PLACE OF BIRTH Charleston S.C.

FATHER: (6) NAME Charles Imaine (7) ADDRESS Charleston S.C.
 (8) COLOR White (9) OCCUPATION New Jersey line man
 (10) NUMBER OF CHILDREN BORN TO FATHER 14
 MOTHER: (11) NAME Virginia Primall (12) ADDRESS Charleston S.C.
 (13) COLOR White (14) OCCUPATION Charleston S.C. own house 17 years
 (15) NUMBER OF CHILDREN BORN TO MOTHER 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (16) I hereby certify that I attended the birth of this child, who was Born 13 minutes
 on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(17) Signature Alma (18) State whether Practicing as Midwife Midwife (19) Address of Practitioner or Midwife 27 E. 20

(20) Witness Dr. W. Williams (21) Date 1/24/14
 (22) Filed 1/24/14

(23) I hereby certify that the father, mother, etc., stated above are the true and correct names of the child and its parents. No report to be made of children born in this State.