

(1) PLACE OF BIRTH

County of Charleston

Municipality of

Inc. Town of

City of Charleston S.C.

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

(2) Full Name of Child Julia Cady(3) SEX OF CHILD Female(4) AGE OF CHILD 110(5) NUMBER OF CHILDREN BORN TO MOTHER 4(6) COLOR OF CHILD Col(7) AGE AT LAST BIRTHDAY 2(8) BIRTHPLACE 5 Johnson St Charleston(9) OCCUPATION Sales at Union Store(10) NAME BEFORE MARRIAGE Maggie Pendergast(11) PRESENT ADDRESS OF MOTHER 105 Rail Road av(12) COLOR OF MOTHER Col(13) AGE AT LAST BIRTHDAY 22(14) BIRTHPLACE 105 Rail Road av(15) OCCUPATION House hold(16) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT CHILD 1(17) SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE Maggie Pendergast(18) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(19) (Signature) Maggie Pendergast(20) State whether Obstetrician or Midwife 3 Butler

(21) Given name added from a supplemental report

(22) Witness (Signature of Witness necessary only when question 21 is signed by mother)

(23) Filed 11/5 22 Maggie Pendergast Registrar

(24) 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9Registered No. 1460

(For use of Local Registrar)

(No. 5 Johnson St)

(If child is not yet named, make supplemental report as directed)

(1) DATE OF BIRTH 25(2) TIME OF BIRTH 11(3) PLACE OF BIRTH 5 Johnson St Charleston(4) COLOR OF CHILD Col(5) AGE AT LAST BIRTHDAY 2(6) BIRTHPLACE 5 Johnson St Charleston(7) OCCUPATION Sales at Union Store(8) NAME BEFORE MARRIAGE Maggie Pendergast(9) PRESENT ADDRESS OF MOTHER 105 Rail Road av(10) COLOR OF MOTHER Col(11) AGE AT LAST BIRTHDAY 22(12) BIRTHPLACE 105 Rail Road av(13) OCCUPATION House hold(14) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT CHILD 1(15) SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE Maggie Pendergast(16) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(17) (Signature) Maggie Pendergast(18) State whether Obstetrician or Midwife 3 Butler

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FILED 2-17