

## (1) PLACE OF BIRTH

County of CharlestonTownship of James Island

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6897

Registration District No. 904 Registered No. 35  
(For use of Local Registrar)(2) Full Name of Child Joseph Mack

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

(3) BOY OR GIRL B.

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH March 7, 1932  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Edlish Mack

(9) PRESENT POSTOFFICE OF FATHER

Rt 1 Charleston

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

35  
(Years)

(12) BIRTHPLACE

James Island

(13) OCCUPATION

Plowman

## MOTHER

(14) NAME BEFORE MARRIAGE

Mary Lawton

(15) PRESENT POSTOFFICE OF MOTHER

Rt 1 Charleston

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

32  
(Years)

(18) BIRTHPLACE

James Island

(19) OCCUPATION

Farm-hand

(20) Number of children born to mother, including present birth

7

(21) Number of children of this mother now living, including present birth

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Watson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Rt 1 Charleston

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

March 15, 1932 (28) George Deabrook  
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.