

## (1) PLACE OF BIRTH

County of Chas. S. C.

Township of .....

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

9 A.

Registration District No. ....

Registered No. ....

(For use of Local Registrar)

## (2) Full Name of Child

a) BOY OR GIRL

gus

b) Type or Triplet

To be answered only in event of Twins or Triplets

c) Number in order of birth

1

d) Sex

M

e) Date of birth

Nov 29, 23

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

## FATHER

a) Full name

William St. ley

b) Present residence of father

Chas. S. C.

c) Color or race

Col

(ii) Age at last birthday

26 -

d) Birthplace

Johns Island.

e) Occupation

Laborer.

## MOTHER

(i) Name before marriage

Sadie Williams

(ii) Present residence of mother

Chas. S. C.

(iii) Color or race

Col

(iv) Age at last birthday

22

(v) Birthplace

Johns Island.

(vi) Occupation

Domestic

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... as A. M. or P. M. (Born alive or stillborn), (Born A. M. or P. M.) on the date above stated.

(23)

(Signature)

(24)

State whether, Physician or Midwife

(25)

Address of Physician or Midwife

Luna Washington

Midwife

1 Battle alley

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed

14/1/23

(29)

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc. should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children born before the fifth month of pregnancy.

1992

39



10-10-68

\_\_\_\_\_

William Standen

● ● ●

**DEPARTMENT OF**

## MOTIVATION

5

21. Age at last birthday 12 21 21

4

          

Domestic

\_\_\_\_\_

8. Total time (years)  
spent in this work.....

\_\_\_\_\_



\_\_\_\_\_



whereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated.

(01257) 1955 2. *Side View*  
 2.5 *1955 4.1*  
 3.3 *OH*

**Date of**

**Address**

**Find**