

(1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

or Charleston

(City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Department of Vital Statistics

State Board of Health

File No. - For State Registrar Only

27470

Registration District No. 9 A

Registered No. ....

(For use of Local Registrar)

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

(2) Full Name of Child

1) BOY OR GIRL girl

4) Twin or Triplet? -

5) Number in order of birth (1)

6) Are Parents Married? yes

7) DATE OF BIRTH Sept 11, 23

8) FATHER FULL NAME Samuel Furry

9) MOTHER NAME BEFORE MARRIAGE Hattie Capers

9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

10) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Year)

16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Year)

12) BIRTHPLACE Charleston, S.C.

18) BIRTHPLACE Spartanburg, S.C.

13) OCCUPATION Carpenter

19) OCCUPATION Home Duties

20) Number of children born to mother, including present birth One (1)

21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Hour, M., P. M.) 10:20 P. M.

(23) (Signature) R. W. Riston, M.D.

(24) State Number Physician or Midwife Physician (25) Address of Physician or Midwife 65 Regard

Given name added from a supplemental report

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

(27) Filed 9/17 19 23 J. M. Mearns, Sec'y. & 2. 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.