

Fill in the blanks on this separate blank for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Charleston
Township of St. George
or
Inc. Town of
or
City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

27563

Registration District No. 909 Registered No. 148
(For use of Local Registrar)

(No. 8 St. George St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Henry Berry

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

3) BOY OR GIRL
4) Twin or Triplet?
5) Number in order of birth
6) Are Parents Married?
7) DATE OF BIRTH (Month) (Day) (Year)

FATHER.

8) FULL NAME John Berry
9) PRESENT POSTOFFICE OF FATHER Meyers L.C.
10) COLOR OR RACE colored 11) AGE AT LAST BIRTHDAY 25
12) BIRTHPLACE Charleston S.C.
13) OCCUPATION carpenter
14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Rosa Berry
15) PRESENT POSTOFFICE OF MOTHER Meyers L.C.
16) COLOR OR RACE colored 17) AGE AT LAST BIRTHDAY 25
18) BIRTHPLACE Charleston S.C.
19) OCCUPATION seamstress
20) 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 born alive at 2:00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Baran C. Tucker, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept. 17 1923 (28) B. F. Myers 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.

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