

WRITE PLAINLY. WITH UNPAID TELEGRAMS USE A SEPARATE BLANK FOR EACH CHILD. AND WHEN IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. IN QUESTION 1 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2

(1) PLACE OF BIRTH

County of Charleston

Township of Brooklyn

or
Inc. Town of.....

or
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-For this birth
35232

Registration District No. 1002 Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child Joseph James Arthur If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>1</u>	(5) Number in order of birth <u>6</u>	(6) Age at birth <u>7</u>	(7) DATE OF BIRTH <u>12. 12. 23</u> (Month of birth) (Day) (Year)
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FATHER.

(8) FULL NAME James Clifton Arthur

(9) PRESENT OCCUPATION OF FATHER Officer R. R. A. J.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
(Year)

(12) BIRTHPLACE Charleston County S. C.

(13) OCCUPATION Domestic

MOTHER.

(14) FULL NAME Ellen Ruth Gaffney

(15) PRESENT OCCUPATION OF MOTHER Gaffney R. R. A. J.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Year)

(18) BIRTHPLACE Charleston County S. C.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.....born.....4 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Dunning
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney R. R. A. J.

Given name added from a supplemental report

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

(27) Filed Dec 10 1923 (28) James J. Dunning 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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