

## (1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

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

888

Registration District No. 1102Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child Corrine Heath

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

(1) BOY OR GIRL <u>Yes</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 1923</u> (Month of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Sam Heath</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Stewart</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Charleston S.C. 23rd St</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Charleston S.C. 23rd St</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Charleston Co.</u>			(18) BIRTHPLACE <u>Charleston Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1 2</u>			(21) Number of children of this mother now living, including present birth <u>1 2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive as 11:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Jones(24) State whether Physician or Midwife MD(25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1 1923

(28)

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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