

## (1) PLACE OF BIRTH

County of CharlestonTownship of Charleston S.C.Inc. Town of Charleston S.C.City of Charleston S.C.

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

(2) Full Name of Child "No Name" (Pro. Henry Shox, Shox)

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

(3) BOY  
GIRL Girl(4) Twin  
or Triplet? No(5) Number in  
order of birth 12A

To be answered only in case of twins or triplets

(6) Are  
Parents  
Married? Yes(7) DATE  
BIRTH Aug. 30 1923  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME John Henry Shox(9) PRESENT  
POSTOFFICE  
OF FATHER Charleston S.C.(10) COLOR  
OR  
RACE Negro(11) AGE AT LAST  
BIRTHDAY 35 (1)  
(Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Farmer(14) Number of children born to  
mother, including present birth 8

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Fannie Poquels(15) PRESENT  
POSTOFFICE  
OF MOTHER Charleston S.C.(16) COLOR  
OR  
RACE Negro(17) AGE AT LAST  
BIRTHDAY 32 (1)  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Cook(20) Number of children of this mother  
now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 3:05 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Minnie X. Woodward(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Charleston S.C.(Given name added from a supplement-  
tal report)(26) Witness L. E. Price(Signature of Witness necessary only  
when question 23 is signed by mother)(27) Filed Aug 31 1923(28) L. E. Price(29) Local RegistrarWhen 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.