

REMARKS: MARK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
SEAL OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of St. Paul
OR
Inc. Town of.....
OR
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41422

Registration District No..... Registered No..... 27
(For use of Local Registrar)

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

(2) Full Name of Child Felicia Middleton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 20 1924
(Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Ellen Middleton</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>Robertson</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY..... (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY..... (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>Charleston County</u>
(13) OCCUPATION		(19) OCCUPATION	
(20) Number of children born to mother, including present birth	<u>Two</u>	(21) Number of children of this mother now living, including present birth	<u>One</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Nancy Johnson
(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 mark)
(27) Filed 10/24/24 1924 (28) W. B. Beane 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.