

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Register Only

32042

County of

Township of

Inc. Town of

City of

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

2) Full Name of Child ... *Janina Fishburne* ...

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

(1) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE

BIRTH *Nov. 26*

(Time of Month) (Day)

FATHER.

(8) FULL NAME

Christopher Fishburne

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Loraine Fishburne

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

St. John Island

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

One

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

born alive

(Month) (Day) (Year)

on the date above stated.

(23) (Signature)

[Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

[Signature]

(27) Filed 12/5/1913

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 children before the fifth month of pregnancy.