

(1) PLACE OF BIRTH

County of SaludaTownship of No. 1

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 Only

22455

Registration District No. 3901 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child Annie C. Charles

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

3. BOY OR GIRL girl 4. Type or Trace one 5. Number in order of birth 3 6. Age of child at birth yes 7. DATE OF BIRTH July 19, 1923

FATHER

8. FULL NAME Willie G. Charles9. PRESENT POSTOFFICE OF FATHER Lusville, S.C. R.F.D. No. 710. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 3212. BIRTHPLACE Saluda County13. OCCUPATION Farmer

MOTHER

14. NAME BEFORE MARRIAGE Blanch Black15. PRESENT POSTOFFICE OF MOTHER Lusville, S.C. R.F.D. No. 716. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 3318. BIRTHPLACE Lexington County19. OCCUPATION House-wife20. Number of children born to mother, including present birth 3 21. 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 alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lusville, S.C.

Given name added from a supplemental report

Annie Carey
one 28 1923
Registrar

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

(27) Filed July 25, 1923 (28) 2073011800 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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