

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of Christ Church

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar

3253

Registration District No. 901Registered No. 14  
(For use of Local Registrar)(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child John Henry

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

(3) BOY OR GIRL Boy (4) Twin or Triplet ☒ (5) Number in order of birth ..... (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 7 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Julius Henry</u>	(14) NAME BEFORE MARRIAGE <u>Silvia Gethens</u>	(9) PRESENT RESIDENCE OF FATHER <u>Mt Pleasant</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Mt Pleasant</u>
(10) COLOR OR RACE <u>C Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>C Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Harmon</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Harmon</u>
(20) Number of children born to mother, including present birth <u>One</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 born alive at 8 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Elsie Palmer (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt Pleasant

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) John L. 23

(27) Filed July 7 23 (28) Isaac Aniel

\*When there was no attending physician or midwife, then the father, householder, or other person present at the birth of the child, if a child breathed even once, it must not be reported as stillborn. The report is to be made before the next month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.