

## (1) PLACE OF BIRTH

County of BeaufortTownship of Hatterasor Town of Danfunkieor Island

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

13005

Registration District No. 4004 Registered No. 11

(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 Abraham J. J. J. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH May 14, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James J. J.(9) PRESENT POSTOFFICE OF FATHER Danfunkie Isl. S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32  
(Year)(12) BIRTHPLACE St Helena Island(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca J. J.(15) PRESENT POSTOFFICE OF MOTHER Danfunkie Isl(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE Danfunkie Isl(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 10.11.23 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) James J. J. (23) Address of Physician or Midwife Danfunkie Isl(24) State whether Physician or Midwife Midwife

(Given name added from a supplemental report)

(25) Witness James J. J. (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed May 20th 1923 (27) J. J. J. 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.