

PLACE OF BIRTH
County of Charleston

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

File No. 47 Sub Index 525

Township of

City of Charleston

Registration District No. 9A

Registered No. 150

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

(2) Full Name of Child Baby Mary Blake

(3) Sex girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 17 1923

(8) FULL NAME Joseph Blake

(9) PRESENT RESIDENCE OF FATHER 31 Inspection St. Charleston S.C.

(10) COLOR OR RACE negro. (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Johns Island S.C.

(13) OCCUPATION laborer

(14) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE Elizabeth Waters

(15) PRESENT RESIDENCE OF MOTHER 31 Inspection St. Charleston S.C.

(16) COLOR OR RACE colored. (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Near A. M. or P. M.)

(22) (Signature) J. J. Woods M.D. (23) Address of Physician or Midwife Charleston S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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Registrar

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

(27) Filed 1/23/1923 (28) J. J. Woods M.D.

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.