

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

File No.—For State Registrar Only
48403

(1) PLACE OF BIRTH

County of CharlestonTownship of Johns Island

or

Inc. Town of

or

City of

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

Registration District No. 905 Registered No. 7
(For use of Local Registrar)(2) Full Name of Child Gracie Florence Hart

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Feb. 6, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Richard Henry Hart

(9) PRESENT POSTOFFICE OF FATHER

Johns Island

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 55
(Years)

(12) BIRTHPLACE

Wadmalaw Isld.

(13) OCCUPATION

Farmer

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

5

(14) NAME BEFORE MARRIAGE

Mariontha Leonard Wilson

(15) PRESENT POSTOFFICE OF MOTHER

Johns Island

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 37
(Years)

(18) BIRTHPLACE

Johns Isld.

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Wilkinson(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife 167 Leadd St. Charleston

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 7, 1916(28) W. C. Hills
Local Registrar

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.

McCauley of Columbia. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.