

(1) PLACE OF BIRTH

County of Charleston
Township of Johns Island
or
Inc. Town of

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

File No. — For State Registrar Only

10352

Registration District No. 205 Registered No. 27
(For use of Local Registrar)

(2) Full Name of Child James Speed

(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? Yes

(7) DATE OF BIRTH April 1, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Robert Speed

(14) NAME BEFORE MARRIAGE Hannah Capers

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

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

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE Johns Island

(18) BIRTHPLACE Johns Island

(13) OCCUPATION Public Work

(19) OCCUPATION

(20) Number of children born to mother, including present birth 1 live

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE'S

(22) I hereby certify that I attended the birth of this child, who was born alive at

(23) (Signature) Hannah Capers

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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

(27) Filed April 12, 1922 (28) Mrs. C. M. Hillis 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.

PRINTED BY THE OFFICE OF THE REGISTRAR, No. 2, etc., in question 8
MADE IN COLUMBIA, COLUMBIA, S. C.