

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Johns Island  
 or  
 Inc. Town of .....  
 or  
 City 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. 20.5Registered No. 37  
(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 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  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Speed  
 (9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY ..... (Year)  
 (12) BIRTHPLACE Johns Island  
 (13) OCCUPATION Public Work  
 (20) Number of children born to mother, including present birth 1 One

## MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Capers  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY ..... (Year)  
 (18) BIRTHPLACE Johns Island  
 (19) OCCUPATION .....  
 (21) Number of children of this mother now living, including present birth 1 One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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 woman)

(27) Filed April 12, 1922(28) Mrs. G. H. Hill 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.