

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of Charleston

or

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. 3138Registration District No. 9 A Registered No. 217

(For use of Local Registrar)

(2) Full Name of Child James Baron If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 26 23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Joe Baron(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Adams Run S.C.(13) OCCUPATION Chaffer(20) Number of children born to mother, including present birth Eight

## MOTHER.

(14) NAME BEFORE MARRIAGE Maria Rozant(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Adams Run S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at birth (Born alive or stillborn)(23) (Signature) [Signature](24) State whether Physician or Midwife(25) Address [Address]

Given name added from a hospital or report

(26) Witness

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

(27) Filed 3/2

1912

(28)

J. Morris Green

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.