

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FINGER-THUMB, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of James Isld  
 or  
 Inc. Town of \_\_\_\_\_  
 City of \_\_\_\_\_ (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 William Delston If child is not yet named, make supplemental report as directed

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

File No.—For State Registrar Only  
616

Registration District No. 907 Registered No. 12  
 (For use of Local Registrar)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? No	(5) Number in order of birth 1	(6) Are Parents Married? Yes	(7) DATE OF BIRTH <u>Jan 23 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Simon Delston</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Sherman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>New Island D.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>New Island D.C.</u>	
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)		
(12) BIRTHPLACE <u>New York</u>			(16) BIRTHPLACE <u>Charleston County</u>	
(13) OCCUPATION <u>miner</u>			(18) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
 (22) I hereby certify that I attended the birth of this child, who was male at \_\_\_\_\_ M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Rachel Deaton  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife  
Jamesburg  
 Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Jan 23 1922 (27) Filed Jan 23 1922 (28) R. F. Gumball  
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.