

COUNTY of Charleston STATE OF SOUTH CAROLINA
 Township of Charleston City of Charleston
 Registered No. 162
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) SEX OF CHILD Male (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH 1-30-23
 (Month of Birth) (Day) (Year)

FATHER: (6) FULL NAME Harry Middleton (14) NAME BEFORE MARRIAGE Elizabeth Happy
 (7) PRESENT RESIDENCE OF FATHER Charleston, S.C. (15) PRESENT RESIDENCE OF MOTHER Charleston, S.C.
 (8) COLOR OR RACE Colored (9) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
 (10) BIRTHPLACE James Island, S.C. (18) BIRTHPLACE Groose Creek, S.C.
 (11) OCCUPATION Laborer (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive born alive (Hour 11:45 A.M. or P.M.)
 on the date above stated.
 (23) (Signature) Physician
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 3835 1/2
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7/3/23 (28) Registrar 191 (29) Local Registrar

When there was no attending physician or midwife, then the father, head of household, or other person present at the birth must report the birth to the Registrar within 24 hours after the birth. If a child breathes even once, it must not be reported as stillborn. No report is desired or submitted before the fifth month of pregnancy.

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