

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20769

Registration District No. 403

Registered No. 40
(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.)

if child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 24, 1922
(Name of Month) (Day) (Year)

(8) FULL NAME

Frank Charlton

(9) PRESENT POSTOFFICE OF FATHER

Barton S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

49
(Years)

(12) BIRTHPLACE

So Ca

(13) OCCUPATION

Farmer

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

9

(14) NAME BEFORE MARRIAGE

Julia Jones

(15) PRESENT POSTOFFICE OF MOTHER

Barton S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

So Ca

(19) OCCUPATION

Housewife

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 3 P.M., on the date above stated. (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 31, 1922

(28)

J. A. Rouse

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.