

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or

City of Charleston

(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

Registration District No. 9 ANo. 3161

239

Registered No. ....

(For use of Local Registrar)

## (2) Full Name of Child

North Mabel

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

(3) SEX OR girl (4) Type Full (5) Number in order of birth 1 (6) Are yes (7) DATE OF BIRTH Feb 19 1923

FATHER: (8) FULL NAME James H. ... (9) PRESENT RESIDENCE OF FATHER 6 Lilly St. (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 32 (12) BIRTHPLACE Georgia (13) OCCUPATION carpenter

MOTHER: (14) NAME BEFORE MARRIAGE  Evelyn Smalls (15) PRESENT RESIDENCE OF MOTHER 6 Lilly St. (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28 (18) BIRTHPLACE Naturalvill, S.C. (19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Evelyn Smalls (24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife 49 Ambrose StGiven name above from a registered-  
and report(26) Witness J. M. Green (27) Date Apr 23 (28) Local Registrar

When this certificate is filed, the Local Registrar, or his agent, should make this return.