

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston
 Township of St. Paul
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41421

Registration District No..... Registered No. 28
 (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 James Amos { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH..... 19.....
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Eddie Amos</u>	(14) NAME BEFORE MARRIAGE <u>Evelyn Giles</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Osborn</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Osborn</u>		
(10) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY..... 24 (Years)	(17) AGE AT LAST BIRTHDAY..... 22 (Years)
(12) BIRTHPLACE <u>Charleston County</u>	(18) BIRTHPLACE <u>Charleston County</u>		
(13) OCCUPATION <u>Sawmill Laborer</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Third</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Nancy Wilson
 (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 mark)
19..... Registrar	(27) Filed..... 1922 (28) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

BUREAU OF COLUMBIA, COLUMBIA, S. C.