

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. - for State Registrar Only

33400

Registration District No. 3606

Registered No. 58
 (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 Joseph James

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

(3) SEX OR MALE (4) Type Full (5) Number in 1 (6) Age 28 (7) DATE OF BIRTH SEP 30 1923
To be reported only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James James

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28
(Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Jan -

(20) Number of children born to mother, including present birth 1.55

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann Brown

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 34
(Year)

(18) BIRTHPLACE SC

(19) OCCUPATION labor

(21) Number of children of this mother now living, including present birth 1.2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Charleston S.C. 58 M. 58 58
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Christie Richardson
 (24) State whether Physician or Midwife Physician (25) Address of Physic. or Midwife

Given name added from a supplemental report

(26) Witness W. H. G. G.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed SEP 23 1923 W. H. G. G.
 Registrar 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.