

(1) PLACE OF BIRTH

County of

Township of

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

6901

Registration District No. 904

Registered No. 30
(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.)

(2) Full Name of Child

James Fludd

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

(3) BOY OR GIRL

B.

(4) Twin

Triplet

(5) Number in

order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH. Feb. 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edward Fludd

(9) PRESENT POSTOFFICE OF FATHER

Rt. Charleston S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

James Island

(13) OCCUPATION

Tenant Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Betsy Fludd

(15) PRESENT POSTOFFICE OF MOTHER

Rt. Charleston S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

James Island

(19) OCCUPATION

Farm. helper

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Trinity Jenkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Midwife Rt. Charleston S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 29, 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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.