

## (1) PLACE OF BIRTH

County of Charleston  
 Township of James Island  
 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

17934

Registration District No. 904 Registered No. 54  
 (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 Paul Fludd Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL B. (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 24, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Paul Fludd(9) PRESENT POSTOFFICE OF FATHER 31 Charleston S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 35  
 (Years)(12) BIRTHPLACE James Island(13) OCCUPATION Tenant farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Fludd(15) PRESENT POSTOFFICE OF MOTHER 31 Charleston S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 30  
 (Years)(18) BIRTHPLACE James Island(19) OCCUPATION Farm - hand(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Wiley Jenkins  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife 31 Charleston S.C.

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 .....  
 Registrar

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

(27) Filed July 3, 1922 (28) Geo. R. Seabrook  
 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.