

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of St. Jamesor
Inc. Town of McClellanville

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3276

Registration District No. 906 Registered No. 10

(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 Maunthie

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 14 1923

(Name of Month) (Day) (Year)

To be covered only in case of Twins or Triplets

FATHER

(8) FULL NAME Joseph Maunthie(9) PRESENT RESIDENCE OF FATHER McClellanville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE Charleston Co(13) OCCUPATION Day Laborer(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Nancy Hirston(15) PRESENT RESIDENCE OF MOTHER McClellanville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23(18) BIRTHPLACE Charleston Co(19) OCCUPATION Day Laborer(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Nancy Hirston(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife McClellanville

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed Feb 16 1923(27) Local Registrar Geo E. Beckman

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 children before the fifth month of pregnancy.