

(1) PLACE OF BIRTH

County of Charleston
Township of Beaufort
or
In. Town of Sumner
or
City of Sumner

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

File No. — For State Registrar Only

10245

Registration District No. 4008 Registered No. 159
(For use of Local Registrar)

No. 1 St. 1 Ward 1
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph If child is not yet named, make supplemental report as directed

3 SEX OR CHILD <u>girl</u>	4 Twin or Triplet To be answered only in event of Twin or Triplet	5 Number in order of birth <u>4</u>	6 Are Parents Married <u>yes</u>	7 DATE OF BIRTH <u>June 2 1923</u> (Name of Month) (Day) (Year)
8 FATHER 9 FULL NAME <u>James Jacob</u>		10 MOTHER 11 NAME BEFORE MARRIAGE <u>Belle Wood</u>		
12 PRESENT POSTOFFICE OF FATHER <u>Sumner S.C.</u>		13 PRESENT POSTOFFICE OF MOTHER <u>Sumner S.C.</u>		
14 COLOR OR RACE <u>W</u>	15 AGE AT LAST BIRTHDAY <u>33</u> (Year)	16 COLOR OR RACE <u>W</u>	17 AGE AT LAST BIRTHDAY <u>34</u> (Year)	18 BIRTHPLACE <u>S.C.</u>
19 BIRTHPLACE <u>S.C.</u>	20 OCCUPATION <u>Store</u>	21 OCCUPATION <u>House wife</u>	22 Number of children of this mother now living, including present birth <u>4</u>	
23 Number of children born to mother, including present birth <u>4</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated. (Hour A. M. or P. M.)

(24) (Signature) [Signature] (25) Address of Physician or Midwife Charleston S.C.
(26) State whether Physician or Midwife

Give name added from a supplemental report

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

(27) Filed June 16 1923 (28) Mrs. C. F. Parker 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.
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