

(1) PLACE OF BIRTH

County of *Charleston*Township of *Beaufort*or
Inc. Town of *Summerville*City of *Summerville*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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)(2) Full Name of Child *Joseph* If child is not yet named, make supplemental report as directed3 SEX OR CHILD *girl* 4 Twin or Triplet *4* 5 Number in order of birth *4* 6 Are Parents Married *yes* 7 DATE OF BIRTH *June 2, 1923*
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8 FULL NAME <i>James Jacob</i>	14 NAME BEFORE MARRIAGE <i>Beulah Wood</i>	9 PRESENT POSTOFFICE OF FATHER <i>Summerville</i>	15 PRESENT POSTOFFICE OF MOTHER <i>Summerville</i>
10 COLOR OR RACE <i>N</i>	16 COLOR OR RACE <i>N</i>	11 AGE AT LAST BIRTHDAY <i>34</i>	17 AGE AT LAST BIRTHDAY <i>34</i>
12 BIRTHPLACE <i>N.C.</i>	18 BIRTHPLACE <i>N.C.</i>	13 OCCUPATION <i>Store</i>	19 OCCUPATION <i>House wife</i>
20 Number of children born to mother, including present birth <i>4</i>	21 Number of children of this mother now living, including present birth <i>4</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Hour A. M. or P. M.) *10:00 A.M.*(23) (Signature) *J. P. Coan, M.D.*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Charleston, S.C.*

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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