

(1) PLACE OF BIRTH

County of Charleston
Township of Johns Island
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

3268

Registration District No. 22.5 Registered No. 1.3.....
(For use of Local Registrar)

City of (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 Leine Doctor (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Child at Birth Yes (7) DATE OF BIRTH Feb 21 1923
(Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Charles Doctor</u>	(14) NAME BEFORE MARRIAGE <u>Isadora Holmes</u>	(9) PRESENT RESIDENCE OF FATHER <u>Johns Island</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Johns Island</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> (Year)
(12) BIRTHPLACE <u>Johns Island</u>	(18) BIRTHPLACE <u>Johns Island</u>	(13) OCCUPATION <u>Farm Laborer</u>	(19) OCCUPATION <u></u>
(20) Number of children born to mother, including present birth <u>Eight</u>	(21) Number of children of this mother now living, including present birth <u>Five</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Williams (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) Mrs. Est. Hill
(27) Filed Feb 25 1923 (28) Local Registrar

When taken by an 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.