

(1) PLACE OF BIRTH

County of CharlestonTownship of St. JohnsInc. Town of St. Johns(City of St. Johns)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State of Health

File No. — For State Registrar Only

3545

Registration District No. 1490Registered No. 2
(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

William H. H. H.

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

3) BOY OR GIRL? Boy(4) Twin or Triplet? 1

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Samuel H. H.9) PRESENT POSTOFFICE OF FATHER St. Johns10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY

4812) BIRTHPLACE St. Johns13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Samuel H. H.(15) PRESENT POSTOFFICE OF MOTHER St. Johns(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY

18(18) BIRTHPLACE St. Johns(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at St. Johns M., on the date above stated.(23) (Signature) William H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness William H. H. H.

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

(27) Filed Feb 11923(28) Matth. Kinsley
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.