

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 901

File No.—For State Registrar Only

565

Registered No. 4
(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 Benjamin Wood (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>Normal</u>	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>Jan 17, 1923</u>
(7) FATHER'S FULL NAME <u>Nesbitt, Steve</u>		(8) MOTHER'S FULL NAME <u>Ellen Green</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Met Pleasant St</u>		(10) PRESENT RESIDENCE OF MOTHER <u>Met Pleasant St</u>	
(11) COLOR OR RACE <u>Caucasian</u>	(12) AGE AT LAST BIRTHDAY <u>25</u>	(13) COLOR OR RACE <u>Caucasian</u>	(14) AGE AT LAST BIRTHDAY <u>23</u>
(15) BIRTHPLACE <u>Charleston S.C.</u>		(16) BIRTHPLACE <u>Charleston S.C.</u>	
(17) OCCUPATION <u>Boatman</u>		(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>Three</u>		(20) Number of children of this mother now living, including present birth <u>Three</u>	

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) (M. or F. M.)(22) (Signature) Charlotte Grant(23) State whether Physician or Midwife Midwife(24) (Signature of Physician or Midwife) Met Pleasant St

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed Jan 19, 1923(27) Registrar Chas. J. Smith

*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITES PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.