

## PLACE OF BIRTH

County of Charleston  
 Township of St. Philip's

## CERTIFICATE OF BIRTH

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

File No.—For See Register Only  
**595**

Inc. Town of ..... Registration District No. 222 Registered No. 9  
 or .....  
 City of North Charleston (For use of Local Health Officer)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Jesse James Tolbert If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 18 23</u>
FATHER		MOTHER		
(8) FULL NAME <u>Jesse James Tolbert</u>		(10) NAME BEFORE MARRIAGE <u>Annie Whisenant</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>North Charleston, S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>North Charleston, S.C.</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(16) BIRTHPLACE <u>Shelby Co. Ga.</u>		(17) BIRTHPLACE <u>Shelby Co. Ga.</u>		
(18) OCCUPATION <u>Shimmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (If alive or stillborn) (If A. M. or P. M.)

(23) (Signature) J. H. Threlkeld

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician North Charleston, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mother)

(27) Date Jan 25 1923 (28) G. F. Myers

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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