

Form No. 1

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

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Registrar Only

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Registrar

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County of Berkley
Municipality of St. John
Town of St. John
or St. John
of St. John

Registration District No. 702 Registered No. 1
(For use of Local Registrar)

(No. 1 St. 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Full Name of Child Ludie Green If child is not yet named, make supplemental report as directed

(4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex Female (7) Date of Birth Jan 18
To be answered only in case of Twin or Triplet

FATHER.
Full Name Joe Green
Present Postoffice of Father Corderville
Color or Race Negro (11) Age at Last Birthday 20 (Years)
Birthplace Berkley Co
Occupation Laborer
Number of children born to mother, including present birth 1

MOTHER.
(10) Name before marriage Ludie Hamilton
(10) Present Postoffice of Mother Corderville
(10) Color or Race Negro (11) Age at Last Birthday 17 (Years)
(10) Birthplace Berkley Co
(10) Occupation Laborer
(11) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or unborn) (Hour A. M. or P. M.)

(20) (Signature) James H. Smith
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. John

Name of child from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mother)
(27) Filed 1/14 (28) L. J. C. Smith Local Registrar

If 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.

2.2 M.
or P.M.)

St. John Co.

Local Registrar

h of pregnancy.