

FIRST-BORN, No. 1. TEN OTHER, No. 2, etc., in question 1
Section of Columns, Columns, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of S.C.
or
Inc. Town of
or
City of

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

No. 847

Registration District No. 1.7.2.1 Registered No. 14
(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 Townsend If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth - (6) Age yes (7) DATE OF BIRTH Jan 19 23
(Time of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Townsend
(9) PRESENT POSTOFFICE OF FATHER Charleston
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION car wash
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Elyzabeth Hampton
(15) PRESENT POSTOFFICE OF MOTHER Charleston
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE Charleston
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth 2

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. (Born alive or stillborn) (Hour A. M. or P. M.) 4:30 P.M.

(23) (Signature) Wendy
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

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

(27) Filed Jan 22 1923 (28) EO Early Local Registrar

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