

(1) PLACE OF BIRTH

County of BerkeleyTownship of St. James

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar

43702

Registration District No. 204Registered No.
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>no</u>	(5) Number in order of birth <u>no</u>	(6) Is child named after a living person? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 28, 1923</u> (Signed of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ned - Washington(9) PRESENT RESIDENCE OF FATHER Jamertown(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 41 (Year)(12) BIRTHPLACE Berkeley Co(13) OCCUPATION Public Ward(14) Number of children born to mother, including present birth five

MOTHER.

(15) NAME BEFORE MARRIAGE Kannah Bostine(16) PRESENT RESIDENCE OF MOTHER Jamertown(17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 81 (Year)(19) BIRTHPLACE Berkeley(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline Nixon(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jamertown

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Dated Feb 10 1923 (28) G. H. Ward 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 desired of stillborn before the fifth month of pregnancy.