

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of St. James

or

Inc. Town of St. James

or

City of St. James

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(No.)

Registered No.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Joanna Getters

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 30

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leonard Getters(9) PRESENT POSTOFFICE OF FATHER St. James(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Charleston Co(13) OCCUPATION Oyster - getter(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Singleton(15) PRESENT POSTOFFICE OF MOTHER St. James(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE St. James(19) OCCUPATION Field Hand(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 o'clock 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Pattie Washington(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife St. James

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed Jan. 11, 1916(28) Geo. E. Beckman

Local 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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