

(1) PLACE OF BIRTH

County of *Charleston S.C.*
Township of *Jas. Isld.*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
88836Inc. Town of Registration District No. *704* Registered No. *113*
(For use of Local Registrar)
City of *Charleston* (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 *Mary Collins Black* { 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 (6) Are Parents Married? *No* (7) DATE OF BIRTH *Dec. 7* 191*6*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Collins Black*(9) PRESENT POSTOFFICE OF FATHER. *James Isld. S.C.*(10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *28* (Years)(12) BIRTHPLACE *James Island.*(13) OCCUPATION *Farming*

(14) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Hamilton*(15) PRESENT POSTOFFICE OF MOTHER *James Isld. S.C.*(16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *21* (Years)(18) BIRTHPLACE *James Island.*(19) OCCUPATION *House wife*

(20) 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 alive* at *8* *A* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Fanny Washington*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife *Jas. Isld. S.C.*

Given name added from a supplemental report

..... 191.....
J. C. Welch Registrar(26) Witness *Mrs. J. C. Welch*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Dec 30* 191*6* (28) *Geor. Seabrook* 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.