

(1) PLACE OF BIRTH

County of

Charleston

Township of

James Island

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6894

Registration District No. *904*Registered No. *22*
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Florence Champain

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Cps

(7) DATE OF BIRTH

Mar. 1 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Richard Champain

(9) PRESENT POSTOFFICE OF FATHER

James Island

(10) COLOR OR RACE

Blk(11) AGE AT LAST BIRTHDAY *34*
(Years)

(12) BIRTHPLACE

James Island

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Virginia Brown

(15) PRESENT POSTOFFICE OF MOTHER

James Island

(16) COLOR OR RACE

Blk(17) AGE AT LAST BIRTHDAY *31*
(Years)

(18) BIRTHPLACE

James Island

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

4

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *.....* M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *x Rachel Deabush*

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

James Island

Given name added from a supplemental report

Geo R. Deabush
Registrar

(26) Witness

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

(27) Filed *Mar. 15 22*(28) *R. F. Gamball*
Sub-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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGraw-Hill, Columbia, S. C.