

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of  
or  
City of *Charleston*

(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 Register Only

41337

2001

Registration District No. *9A*

Registered No. ....

(For use of Local Registrar)

Sex: *M* (Male) *F* (Female) *W* (Ward)2) Full Name of Child *Luther Lee Joyner Jr.*

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

(1) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE BIRTH <i>Dec 20 1900</i>
Is to be entered only in case of twins or triplets				(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Luther Lee Joyner*(9) PRESENT POSTOFFICE OF FATHER *Charleston, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Ballards Crossing, N.C.*(13) OCCUPATION *Engineer*(14) Number of children born to mother, including present birth *Second*

## MOTHER

(15) NAME BEFORE MARRIAGE *Minnie Ellen Miller*(16) PRESENT POSTOFFICE OF MOTHER *Charleston, S.C.*(17) COLOR OR RACE *White* (18) AGE AT LAST BIRTHDAY *34* (Years)(19) BIRTHPLACE *Grantsboro, N.C.*(20) OCCUPATION *Wife*(21) Number of children of this mother now living, including present birth *Second*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1:42 P.M.* on the date above stated. (Hour A.M. or P.M.)(23) (Signature) *W. P. Wilson*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Charleston, S.C.**Physician*

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) WITNESSED *1/4 3/3* (28) *J. M. Green* Local Registrar

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 reports desired of stillbirths before the fifth month of pregnancy.