

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Register Only
3212

Township of

Inc. Town of

City of Charleston

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

Registration District No. 9 ARegistered No. 244

(For use of Local Registrar)

Full Name of Child James J. H. H.

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

(1) BOY OR GIRL? boy(2) Twin or Triplet? 1(3) Number in order of birth 1(4) Are Parents Married? yes(5) DATE OF BIRTH Feb. 11th 23

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(6) FULL NAME David Jones(14) NAME BEFORE MARRIAGE unmarried(7) PRESENT POSTOFFICE OF FATHER Charleston(15) PRESENT POSTOFFICE OF MOTHER Charleston(8) COLOR OR RACE negro(9) AGE AT LAST BIRTHDAY 27

(Years)

(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 22

(Years)

(10) BIRTHPLACE Charleston(18) BIRTHPLACE Charleston(11) OCCUPATION laborer(19) OCCUPATION unemployed(12) Number of children born to mother, including present birth 3(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was 2 days at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Philip P. Lee, Jr.(23) State whether Physician or Midwife (24) Address of Physician or Midwife midwife 8 Montague St

Given name added from a supplemental report

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

(26) Filed 2/10/23 Merrett Green H.D.

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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