

(1) PLACE OF BIRTH

County of Charleston

Township of _____

or
Inc. Town of _____City of Charleston

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

(2) Full Name of Child

Infant Lady

File No.—For State Registrar Only

10285

573

Registered No. _____

(For use of Local Registrar)

St. _____ Ward _____

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 26, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles Lady

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Laborer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Elvira Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housework

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) 1:30 P. M. on the date above stated.(23) (Signature) Spaulden F. Lamm, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 37 New St.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

4/29/23

(28)

Dr. Messersmith, Local Registrar

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.