

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *Johns Island*
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

10351

Registration District No. *90.5*Registered No. *28*
(For use of Local Registrar)

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

(2) Full Name of Child *Sarah Bligen* (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *April 15, 1922*
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Charlie Bligen*
 (9) PRESENT POSTOFFICE OF FATHER *Johns Island*
 (10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *36* (Year)
 (12) BIRTHPLACE *Johns Island*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE *Viola Cash*
 (15) PRESENT POSTOFFICE OF MOTHER *Johns Island*
 (16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *37* (Year)
 (18) BIRTHPLACE *Johns Island*
 (19) OCCUPATION *House Laborer*
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *Johns Island*, M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Lacy Cabers*
 (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Johns Island*

Given name added from a supplemental report

(26) Witness

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

19...
Registrar(27) Date *April 25, 1922* (28) *Mr. L. H. Hills*
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.