

## (1) PLACE OF BIRTH

County of Durham

Township of .....

In Town of .....

City of Chas.

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

(2) Full Name of Child Boh. Christine(3) SEX  
(M) (F)(4) Twin  
or Triplet(5) Number in  
order of birth(6) Age  
Parent  
Married 700

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

Registered No. 15  
(For use of Local Registrar)

## FATHER.

(8) FULL NAME William James (Christy)(9) PRESENT POSTOFFICE OF FATHER 99 Spring St Charlotte(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Year)(12) BIRTHPLACE Clinton Tenn(13) OCCUPATION Underwriter(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Christina Kennedy(16) PRESENT POSTOFFICE OF MOTHER 99 Spring St Charlotte(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 32 (Year)(19) BIRTHPLACE Clinton(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 12:00 A.M. on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Robert J. Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness when question 22 is signed)

(27) Filed

1/15/23

(28)

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.

and subject state to be

**RETURN TO STATISTICS**  
**A RETURN TO BE MADE BY**  
**PERSONS WHO ARE IN THE**  
**STATE OF SOUTH CAROLINA**

**STATE OF SOUTH CAROLINA**  
**COUNTY OF CHARLOTTE**

PERSONALLY appeared before me, John G. Peggall, a Notary Public of South Carolina, Beanie Williams who, being sworn, depose that SHE is a resident of the City of Charlotte and State aforesaid; that SHE is the MOTHER of Joseph M who was born on Jan. 23, 1923 in the City of Charlotte and County aforesaid; that SHE has given the answers as set on the Reverse Return of Birth, and that the same are true correct.

Beanie Williams

SWORN to before me this  
18 day of Sept A. D. 1950.

John G. Peggall, Notary Public, S.C.  
My commission expires at the will of the Governor.