

When filling out this form, use separate sheets for each child, and mark the
M. B. in case of twins or triplets on a separate sheet, No. 2, etc., in question 8.
FIRST-GEN., No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Charleston
Township of Johns Island
or Inc. Town of
or City of (No. St.; Ward)

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

35145

Registration District No. 905 Registered No. 904
(For use of Local Registrar)

(2) Full Name of Child Estan Cent (If child is not yet named, make supplemental report as directed)

(3) SEX MALE (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 1 (7) DATE OF BIRTH July 3, 1933
(To be covered only in case of Twin or Triplet) (Date of Month) (Year)

FATHER. MOTHER.

(8) FULL NAME Charles (14) NAME BEFORE MARRIAGE Christina Cent
(9) PRESENT RESIDENCE OF FATHER Johns Island (15) PRESENT RESIDENCE OF MOTHER Johns Island
(10) COLOR White (11) AGE AT LAST BIRTHDAY 18 (16) COLOR White (17) AGE AT LAST BIRTHDAY 18
(12) BIRTHPLACE Johns Island (18) BIRTHPLACE Johns Island
(13) OCCUPATION Farmer (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 (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 born alive at M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. Adams (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report
19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) Mrs. E. H. Hill
(27) Filed July 3, 1933 (28) Johns Island Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.