

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of CharlestonCity of Charleston

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 A Registered No. 544 171

(For use of Local Registrar)

(No. 49 Radcliffe St.) ..... Ward(2) Full Name of Child May Cole If child is not yet named, make supplemental report as directed

(3) SEX CHILD	(4) TWIN or TRIPLE To be answered only in case of Twin or Triple	(5) NUMBER IN ORDER OF BIRTH	(6) LIVE BORN yes	(7) DATE OF BIRTH <u>Jan 28, 1923</u> (Month of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Francis Cole(9) PRESENT RESIDENCE OF FATHER Charleston S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE New York N.Y.(13) OCCUPATION Barber maker(14) Number of children born to mother, including present birth ONE

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Raykin(15) PRESENT RESIDENCE OF MOTHER Charleston S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Baby Hill S.C.(19) OCCUPATION Housewife(20) Number of children of the mother now living, including present birth ONE

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (22) (Signature) N. W. H. H. H. (23) State whether Physician or Midwife(24) Address of Physician or Midwife 201-2 Pine Street, Charleston

Given name added from a supplemental report

(25) Witness ..... (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 2/2 19 23 Registrar

\*When there was no attending physician or midwife, then the father, householder, or mother must report to the Registrar 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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