

PRINTED-BOOK, No. 1. THIS FORM, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		DATE OF BIRTH	
County of <u>Charleston</u>		State of <u>South Carolina</u>		Date of Birth <u>Nov 2 1923</u>	
Township of <u>Edisto Field</u>		Division of Vital Statistics		State Board of Health	
City of		Registration District No. <u>302</u>		Registered No. <u>12</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Sam Francisco</u>					
(a) SEX <u>Boy</u>	(b) Type of Birth <u>Normal</u>	(c) Number of Children <u>3</u>	(d) Race <u>Negro</u>	(e) Date of Birth <u>Nov 2 1923</u>	
FATHER			MOTHER		
(1) NAME <u>Sam Francisco</u>			(1) NAME <u>Emma Brown</u>		
(2) ADDRESS <u>Edisto Field, S.C.</u>			(2) ADDRESS <u>Edisto Field, S.C.</u>		
(3) COLOR <u>Negro</u>			(3) COLOR <u>Negro</u>		
(4) OCCUPATION <u>Farming</u>			(4) OCCUPATION <u>Housewife</u>		
(5) Number of children born to mother, including present birth <u>3</u>			(6) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(7) I hereby certify that I attended the birth of this child, who was <u>15 years old</u> at the date above stated.					
(8) (Signature) <u>Jane Elwood</u>					
(9) State whether Physician or Midwife <u>Physician</u>					
(10) Address of Physician or Midwife <u>Edisto Field, S.C.</u>					
Given name added from a supplemental report					
(11) Witness <u>William Ferguson</u>					
(12) Filed <u>Nov 19 1923</u>					
(13) When there was no attending physician or midwife, this has been reported as such.					
(14) If a child breathes even once, it must not be reported as stillborn.					
Before the next birth of a child.					