

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76073

Registration District No. 90

Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child

Henry Stokes

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

1/1

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lavern Stokes

(9) PRESENT POSTOFFICE OF FATHER

Mt Pleasant, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Singlet

(15) PRESENT POSTOFFICE OF MOTHER

Mt Pleasant, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

2

(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 or stillborn, on the date above stated.

(23) (Signature)

Maggie Singlet

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Mt Pleasant, S.C.

Given name added from a supplemental report

, 191...

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

1/1

(28)

A. G. L. Linder

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.