

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Inc. Town of

or

City of

Charleston

(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

41255

1898

Registration District No. 9A

Registered No.

(For use of Local Registrar)

2) Full Name of Child Mercedes Tobin

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

(8) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Dec 22

1922

FATHER.

(3) FULL NAME

Nesley Tobin

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

(Years)

64

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

Potter

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

{ 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Edwards

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

(Years)

26

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

House Keeper

(21) Number of children of this mother now living, including present birth

{ 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 6 P.M. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. Phillipps Tobin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 8 Montague St

Given name added from a supplemental report

(26) Witness

(Signature of Witness) J. Green

(27) Filed

12/22/22

Registrar

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 birth month of pregnancy.