

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.

(1) PLACE OF BIRTH

County of Charleston  
 Township of James Is. Dist.  
 or  
 Inc. Town of .....  
 or  
 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

611

Registration District No. 704

Registered No. 7  
 (For use of Local Registrar)

(2) Full Name of Child Florence Lafayette

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

(3) BOY OR GIRL girl

(4) Twin or Triplet? No

(5) Number in order of birth 1  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 14, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ezekiel Lafayette  
 (9) PRESENT POSTOFFICE OF FATHER James Island, S.C.  
 (10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 36  
 (12) BIRTHPLACE James Island, S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Moore  
 (15) PRESENT POSTOFFICE OF MOTHER James Island  
 (16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 32  
 (18) BIRTHPLACE James Island, S.C.  
 (19) OCCUPATION Housewife  
 (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 born alive at James Island, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature Rachel Deabrook

(24) State, whether Physician or Midwife

(25) Address of Physician or Midwife James Island, S.C.

Given name added from a supplemental report

(26) Witness

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

Geo. R. Spaulding  
Registrar

(27) Filed Jan. 12, 1922 (28) R. F. Grinnall  
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.