

## (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

3223

Registration District No. 9 ARegistered No. 313

(For use of Local Registrar)

(No. 66 Calhoun)St. Ward(2) Full Name of Child Willie Admiral

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12</u> <u>1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(3) FULL NAME Clarence Admiral(8) PRESENT POSTOFFICE OF FATHER 66 Calhoun St. Char. S.C.(9) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Lawyer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Wilhelmina Brown(15) PRESENT POSTOFFICE OF MOTHER 66 Calhoun St. Charleston, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Domestic(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 at 11:20 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Adams(24) State whether Physician or Midwife (25) Address of Physician or Midwife 14 E. 1st St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2/12/23 (28) W. H. Green, Jr., D. 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.