

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Wadmalaw

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.)

(2) Full Name of Child Alan Poinsett { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Feb. 5 (8) (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Alan Poinsett

(9) PRESENT POSTOFFICE OF FATHER Martins Point, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Edisto Island, S.C.

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Jenkins

(15) PRESENT POSTOFFICE OF MOTHER Martins Point, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Wadmalaw, S.C.

(19) OCCUPATION Farm Laborer

(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 Martins Point, S.C. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Manassah H. Washington  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Martins Point, S.C.

Given name added from a supplemental report

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..... Registrar

(26) Witness J. H. Hronowski, Jr. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 13, 1914 (28) J. H. Hronowski, Jr. 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48430

Registration District No. 913 Registered No. 9  
 (For use of Local Registrar)

St.: ..... Ward)

(No. ....)

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

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE BIRTH (8) (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

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 on the date above stated.

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

Given name added from a supplemental report

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