

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

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

16979

Registration District No. 9 ARegistered No. 851

(For use of Local Registrar)

(2) Full Name of Child August Julius Smith

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

To be answered only in case of twins or triplets

(6) Are Parents Married? No(7) DATE OF BIRTH June 1 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Hamlet(9) PRESENT POSTOFFICE OF FATHER East Orange N.J.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE East Orange N.J.(13) OCCUPATION laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Smith(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION domestic(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive 3:45 P. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Physician(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Charleston

Given name added from a supplemental report

Registrar

(25) Witness

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

(26) Filed 6-4-191(27) 33(28) 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.

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