

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 OR
 Inc. Town of ..
 OR
 City of ..

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 905 Registered No. 19
 (For use of Local Registrar)

File No.—For State Registrar Only
6910

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

(2) Full Name of Child Anna Lee Read (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? Yes (7) DATE OF BIRTH March 7, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Read
 (9) PRESENT POSTOFFICE OF FATHER Johns Island
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
 (Year) ..
 (12) BIRTHPLACE Johns Island
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth One

MOTHER

(14) NAME BEFORE MARRIAGE Essie Irving
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33
 (Year) ..
 (18) BIRTHPLACE Johns Island
 (19) OCCUPATION House Laborer
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Savina A. Smith

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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

W. H. Hill (27) Mrs. F. H. Hill
 Local Registrar