

Form No. 1.

(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

File No.—For State Registrar Only

45648

Registration District No. 902

Registered No. 3

(For use of Local Registrar)

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

(2) Full Name of Child. Child unnamed

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

(3) <del>NOT OR</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 30</u> <u>1906</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME not stated

(14) NAME BEFORE MARRIAGE Emma Stanyard

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Johns Island

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

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

(12) BIRTHPLACE

(18) BIRTHPLACE Johns Island

(13) OCCUPATION

(19) OCCUPATION Farm laborer

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Sarah Blake  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife / Johns Island

Given name added from a supplemental report

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

(27) Filed Feb 21 1906 (28) W. C. Hill Local Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. R.—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. McCaw, of Columbia

\*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.