

MARGIN RESERVED FOR RECORDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		33546	
Township of <u>Christ Church</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>901</u>		Registered No. <u>116</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Enoch Stokes</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>one</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 30, 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Lawrence Stokes</u>			(14) NAME BEFORE MARRIAGE <u>Marrie Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>1112 Pleasant St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>1112 Pleasant</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>Charleston Co.</u>			(18) BIRTHPLACE <u>Chas. Co.</u>		
(13) OCCUPATION <u>laborer</u>			(19) OCCUPATION <u>house work</u>		
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> St. <u>30</u> N., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)					
(23) (Signature) <u>Jain Smith</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>1112 Pleasant</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19..... Registrar			(27) Filed <u>Oct. 3, 1922</u> (28) <u>L. D. Lamb</u> 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.					
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