

(1) PLACE OF BIRTH

County of Charleston
Township of Charleston

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10266

552

Inc. Town of
or
City of

Registration District No.

Registered No. 552
(For use of Local Registrar)

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

(No. 110 1/2 Conning St. Ward)

2) Full Name of Child

Baby Henry Happy

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 April 1 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Jacob Happy

(9) PRESENT POSTOFFICE OF FATHER

100 1/2 Conning St

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

Laborer
Domestic

(14) NAME BEFORE MARRIAGE

Laura Smith

(15) PRESENT POSTOFFICE OF MOTHER

100 1/2 Conning St
Charleston S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 1 A.M. W. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

John B. H. H. H.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Charleston

Given name added from a supplement (if report)

(25) With

(Signature of Witness necessary only if Section 20 is signed by mark)

John B. H. H. H.
John B. H. H. H.
Local Registrar

When there was no attending physician or midwife, then the father, grandmother, 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 third month of pregnancy.