

(1) PLACE OF BIRTH

County of Charleston
 Township of Levinville
 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

25408

Registration District No. 1106Registered No. 89
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wm. Joseph Black 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Wm. Black
 9. PRESENT POSTOFFICE OF FATHER Richburg S.C. 2A
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)
 12. BIRTHPLACE Maine County
 13. OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Bell
 (15) PRESENT POSTOFFICE OF MOTHER Richburg S.C. 2A
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Charleston County
 (19) OCCUPATION Domestic

20. Number of children born to mother, including present birth 7
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:40 M., on the date above stated. (Born alive or stillborn) (Hour—M. or P. M.)

(23) (Signature) J. M. Guason
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 8/19 19 22 (28) J. B. Hecce 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.

Registrar

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