

(1) PLACE OF BIRTH

County of CharlestonTownship of St. James

or

Inc. Town of Mt. Clellanville

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10356

Registration District No. 90.6Registered No. 29

(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

Joseph Perkins

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married yes

(7) DATE OF BIRTH

Apr 21 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Bingy Perkins

(9) PRESENT POSTOFFICE OF FATHER

Mt. Clellanville

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE

Charleston Co

(13) OCCUPATION

Day Labor

MOTHER

(14) NAME BEFORE MARRIAGE

Mollie Simmons

(15) PRESENT POSTOFFICE OF MOTHER

Mt. Clellanville

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE

Charleston Co

(19) OCCUPATION

Day Labor

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 11 A M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Nancy Singleton

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Mt. Clellanville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 6 1922

(28) Local Registrar

Walter P. Richman

*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.

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.

RECEIVED OF SOLEBORN, COUNTY