

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Christ Churchor
Inc. Town ofor
(City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

9845

Registration District No. 901 Registered No. 42
(For use of Local Registrar)(2) Full Name of Child Charles Edward (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>Feb 4 1923</u> (Month of Birth) (Day) (Year)
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FATHER.			MOTHER.		
(6) FULL NAME <u>Abraham Edward</u>	(14) NAME BEFORE MARRIAGE <u>Flonore Gaillard</u>		(16) PRESENT POSTOFFICE OF FATHER <u>Wt Pleasant</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Wt Pleasant</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)		(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Year)	
(12) BIRTHPLACE <u>F.C.</u>			(18) BIRTHPLACE <u>F.C.</u>		
(13) OCCUPATION <u>Harmon</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Ten</u>			(21) Number of children of this mother now living, including present birth <u>Seven</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ben Richardson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wt Pleasant

Given name added from a supplemental report

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

(27) Filed Feb 9 1923 (28) Isaac Auld Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.