

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of .....

or City of Charleston

(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

88689

Registration District No. 9ARegistered No. 1362

(For use of Local Registrar)

City of Charleston (No. 100 Columbus St.; Ward)(2) Full Name of Child. Baby Bernard

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE BIRTH Dec. 31 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur Washington(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Day-Laborer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Cecily Bernard(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M. (Hour A.M. or P.M.) on the date above stated.(23) (Signature) J. H. Cain, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife 100 West 100th St.

Given name added from a supplemental report

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

(27) Filed 12/5/6 (28) J. H. Cain, M.D. Local Registrar

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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