

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of St. PaulsOF  
Inc. Town of .....OF  
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

27583

Registration District No. 910 Registered No. 11  
(For use of Local Registrar)(2) Full Name of Child Ethel Judon If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH July 6 1923  
(Name of Month) (Day) (Year)  
To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME David Judon(9) PRESENT POSTOFFICE OF FATHER Osbon SC(10) COLOR OR RACE Car (11) AGE AT LAST BIRTHDAY 40  
(Year)(12) BIRTHPLACE Char. County(13) OCCUPATION Laber(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Judon(15) PRESENT POSTOFFICE OF MOTHER Osbon SC(16) COLOR OR RACE Car (17) AGE AT LAST BIRTHDAY 18  
(Year)(18) BIRTHPLACE Charleston County(19) OCCUPATION House wife(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 alive at 10 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane M. Dore  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Med. Socy Osbon SC

Given name added from a supplemental report

(26) Witness M. D. Blumenthal  
(Signature of Witness necessary only when question 23 is signed by mark)

19 .....

(27) Filed 19 .....

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.