

**OFFICE OF BIRTH**

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

File No.—for State Register Only  
**399**

City of Charleston.....

County of .....

In Town of .....

City of Charleston.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Baby Johnny Smith.....

Sex Boy.....

Twins or Triplets? No.....

Number in order of birth 1st.....

Are Parents Married? Yes.....

DATE OF BIRTH Jan 13 1913.....

(Name of Month) (Day) (Year)

FATHER.....

Full Name Harry Smith.....

Present Postoffice of Father Charleston S.C......

Color or Race Negro.....

Age at Last Birthday 22 (Years).....

Birthplace Charleston S.C......

Occupation Alphabet Factory Worker.....

Number of children born to mother, including present birth 3.....

MOTHER.....

Full Name Rachel Shorten.....

Present Postoffice of Mother Charleston S.C......

Color or Race Negro.....

Age at Last Birthday 17 (Years).....

Birthplace Charleston S.C......

Occupation Housewife.....

Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.....

I hereby certify that I attended the birth of this child, who was born alive as 10 P.M. (Hour & M. of P.M.)

(Signature) [Signature].....

(State whether Physician or Midwife) Physician.....

(Address of Physician or Midwife) [Address].....

(Witness) [Signature].....

(Filed) 1/18 1913.....

(Registered) [Signature].....

Registration District No. 9.....

Registered No. 6.....

(For use of Local Registrar)

Ward 131 Romney St......

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

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(Address of Physician or Midwife) [Address].....

(Witness) [Signature].....

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(Registered) [Signature].....

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If such return even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Register.....