

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Register Only

41232

1872

County of Charleston
 Township of
 or
 Inc. Town of Charleston
 or
 City of Charleston (No. 39 Lucas (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Nathaniel Michaw { 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 To be answered only in case of Twin or Triplet (6) Are Parents Married? yes (7) DATE OF BIRTH December 23 1872 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(1) FULL NAME John Michaw
 (2) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
 (3) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)
 (4) BIRTHPLACE Charleston, S.C.
 (5) OCCUPATION laborer
 (6) Number of children born to mother, including present birth { 3

(14) NAME BEFORE MARRIAGE Alice Michaw
 (15) PRESENT POSTOFFICE OF MOTHER Charleston
 (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 { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) John P. Green
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 583 King St

Given name added from a supplemental report

(26) Witness John P. Green (Signature of Witness necessary only when question 23 is signed) (27) Filed 12/29/72 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.