

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Charleston
Township of Jefferson
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

3437

Registration District No. 1204 Registered No. 11
(For use of Local Registrar)

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

(2) Full Name of Child

Sourell

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

(3) BOY OR GIRL boy (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Age Parents Married Yes (6) DATE OF BIRTH Feb. 24, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bill Sourell
(9) PRESENT POSTOFFICE OF FATHER Jefferson S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE S.C.
(13) OCCUPATION farmer
(14) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Newman
(15) PRESENT POSTOFFICE OF MOTHER Jefferson S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(20) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph Thomas
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 3-16-23 (28) D. L. Blockner 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.

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