

(1) PLACE OF BIRTH

County of CharlestonTownship of James Isd.

City or Town of

No. of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17933

Registration District No. 904Registered No. 53

(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 Annie Gardner

If child is not yet named, make name entered report as indicated

Girl

Age

Number in order of birth

Are Parents Married?

DATE OF BIRTH

June 18, 1922

FATHER.

MOTHER.

James GardnerMargaret RoperJames Isd.James IslandPlkPlkJames Isd.James IslandFarm LabourerHousewife11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at the date above stated.(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeJames Isd.

When name added from a supplemental report

(26) Witness

Signature of Witness (report only when question as to signed by midwife)

C. K. Seabrook

(27) Filed

June 28, 1922(28) R. F. Grinnall

Sub Registrar

If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the 6th month of pregnancy.