

(1) PLACE OF BIRTH
County of Charleston

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

File No.—For State Registrar Only
27403

Township of

or
Inc. Town of

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

Registration District No. 9A

Registered No.
(For use of Local Registrar)

(2) Full Name of Child. Baby Freeman

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

(3) BOY OR GIRL
Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH
Sept 1 1923
(Name of Month, Day, Year)

(8) FULL NAME
Arthur Freeman

(9) PRESENT POSTOFFICE OF FATHER
Char

(10) COLOR OR RACE
Col.

(11) AGE AT LAST BIRTHDAY
24
(Year)

(12) BIRTHPLACE
John's Island

(13) OCCUPATION
Laborer

(14) NAME BEFORE MARRIAGE
Ella Freeman

(15) PRESENT POSTOFFICE OF MOTHER
Char

(16) COLOR OR RACE
Col.

(17) AGE AT LAST BIRTHDAY
22
(Year)

(18) BIRTHPLACE
John's Island

(19) OCCUPATION
Domestic

(20) Number of children born to mother, including present birth
3

(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 born alive on the date above stated.
(Born alive or stillborn)

(23) (Signature)
M. D.

(24) State whether Physician or Midwife
Physician

(25) Address of Physician or Midwife
Refer Hospital

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

7 6 1923

(28)

J. Mercus Green Jr.
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.

Filed