(1) PLACE OF BIRTH

County of Charleston

Township of St. P. St. M.

or

Inc. Town of .....

or

City of ..... (No. 6 Mile ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 27576

Registration District No. 909 ... Registered No. 150
(For use of Local Registrar)

(2) Full Name of Child Anna Belle Capers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 18, 1923 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	John C. Capers	(14) NAME BEFORE MARRIAGE	Lydia Johnson
(9) PRESENT POSTOFFICE OF FATHER	Myers S. C	(15) PRESENT POSTOFFICE OF MOTHER	[illegible] S. C.
(10) COLOR OR RACE	Col	(16) COLOR OR RACE	Col.
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Charleston Co.	(18) BIRTHPLACE	Charleston Co
(13) OCCUPATION	Laborer at Fac. Mill	(19) OCCUPATION	House work
(20) Number of children born to mother, including present birth	5	(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 ~~Daphne Gantt~~ born alive at ..... 1930 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Daphne Gantt

(24) State whether Physician or Midwife R. Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Sept 25 1923 (28) C. F. Myers
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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