

(1) PLACE OF BIRTH

County of CharlestonTownship of Edisto Island

or

Inc. Town of

City of

(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

10337

Registration District No. 902Registered No. 418

(For use of Local Registrar)

(No. Berkett St. Ward)

(2) Full Name of Child

Wm. Berkett

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 event of Twin or Triplet

(5) Number in order of birth

6

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan. 8, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thos. Berkett

(9) PRESENT POSTOFFICE OF FATHER

Edisto Island, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

55

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Berkett

(15) PRESENT POSTOFFICE OF MOTHER

Edisto Island, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

38

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)M.B. Woodward, M.D.
att'd 5/6/43

(23) (Signature)

Rachel M. Wilson

(24) State whether

Physician orMidwife

(25) Address of Physician or Midwife

Edisto Island, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Jan 8, 1922(28) Jan 8, 1922(29) Jan 8, 1922(30) Jan 8, 1922

Registrar

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.