

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of Little Lake Ship

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

Registration District No. 3891

File No. - For State Registrar

33740

Registered No. 81
(For use of Local Registrar)

(2) Full Name of Child Isaac Oliver Joyner

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

3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Any Previous Marriages? yes (7) DATE OF BIRTH Sept. 16, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Isaac Joyner
9) PRESENT POSTOFFICE OF FATHER Charleston - S. C.
10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43
12) BIRTHPLACE Augusta - Ga.
13) OCCUPATION Amshury Clerk
20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Marie S. Joyner
15) PRESENT POSTOFFICE OF MOTHER Charleston - S. C.
16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
18) BIRTHPLACE Richland - County S.C.
19) OCCUPATION house keeping
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. W. Hill
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Isaac Oliver

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

Sept. 24, 1923 (27) A. B. Campbell

*When there was no attending physician or midwife, the report should be made by the mother, if a child was born, or by the father, if a child was not born. No report is desired of stillbirths or of pregnancies.