

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
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

9 A

543

543

170

Registration District No. Registered No.
(For use of Local Registrar)(No. 201. KANAWAN St. Ward)(2) Full Name of Child Prisbe Rush If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>girl</u>	(2) Type of Infant <u>To be reported only in case of Twin or Triplet</u>	(3) Number in order of birth	(4) Age <u>yes</u>	(5) Date of BIRTH <u>Jan 26</u> of <u>1923</u>
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FATHER.

(6) FULL NAME Bishop Rush(7) PRESENT RESIDENCE OF FATHER # 201 Kanawan St(8) COLOR OR RACE Col (9) AGE AT LAST BIRTHDAY 24 (Years)(10) BIRTHPLACE Holly Hill(11) OCCUPATION laborer(12) Number of children born to mother, including present birth 1 2

MOTHER.

(13) NAME BEFORE MARRIAGE Julia Williams(14) PRESENT RESIDENCE OF MOTHER # 201 Kanawan St(15) COLOR OR RACE Col (16) AGE AT LAST BIRTHDAY 24 (Years)(17) BIRTHPLACE Holly Hill(18) OCCUPATION house work(19) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born Jan 26, 1923, at 11:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Midwife Rebecca Johnson

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Myers B. Charleston

(24) Given name added from a supplemental report

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

(26) Filed 2/1 (27) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., must make a report if a child breathes even once, it must not be reported as stillborn. No report is desired or stillborn before the fifth month of pregnancy.

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