

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.

(1) PLACE OF BIRTH

County of Charleston
Township of Long Creek
Inc. Town of
City of

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

No. for State Registrar Only
3615

Registration District No. 1-2-11 Registered No. 4
(For use of Local Registrar)

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

(2) Full Name of Child Irvin James Jackson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 6 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Irvin James
(9) PRESENT POSTOFFICE OF FATHER -
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY - (Years)
(12) BIRTHPLACE -
(13) OCCUPATION -

MOTHER.
(14) NAME BEFORE MARRIAGE Livie Jackson
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (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 Alive at 4 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Perry (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

(26) Witness E. A. Early (Signature of Witness necessary only when question 23 is signed by male)

19 1923 Registrar E. A. Early Local Registrar

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