

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of Hagermanvilleor  
City of .....

(No. .... St. .... Ward)

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

(2) Full Name of Child Freddie Perry

File No.—For State Registrar Only

31630

Registered No. 18  
(For use of Local Registrar)(3) BOY OR GIRL girl(4) Twin or Triplet X(5) Number in order of birth 2(6) Are Parents Married no(7) DATE OF BIRTH July 23 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. H. K. ...

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 29  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Perry(15) PRESENT POSTOFFICE OF MOTHER 138 ...(16) COLOR OR RACE black(17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION laborer(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 born alive at 4:35 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 138 ...

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 23 1923

(28) 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.

This was not seen by me until this month  
Nov. 12-1923  
W. H. K. ...