

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston S.C. STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Charleston S.C. State Board of Health

File No.—For State Registrar Only

17178

Inc. Town of Charleston S.C. Registration District No. 12A Registered No. 37
(For use of Local Registrar)

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

BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH June 14 1913
(Name of Month) (Day) (Year)

FATHER
FULL NAME
PRESENT POSTOFFICE OF FATHER
COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE
OCCUPATION
Number of children born to including present birth 9

MOTHER
(14) NAME BEFORE MARRIAGE Carry Marshall
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE Charleston Co. S.C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:40 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. S. Funderland
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician | Charleston, S.C.

Name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness present only when question 23 is signed by mark)
Jessamine Marshall
(27) June 20 1913 (28) Walter DeRoux Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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