

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

No. 1. - For State Registrar
530

Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make appropriate entry as directed

(1) SEX OF CHILD *Boy* (2) Type or Name *Infant* (3) Number in order of birth *1st* (4) Age *1 year* (5) Date of birth *May 22, 1923*

(6) FULL NAME *John James* (7) NAME BEFORE *John James* (8) FULL NAME *John James* (9) NAME BEFORE *John James*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTH *30* (12) COLOR OR RACE *Colored* (13) AGE AT LAST BIRTH *27*

(14) BIRTHPLACE *Charleston S.C.* (15) BIRTHPLACE *Charleston S.C.* (16) OCCUPATION *Phys. Carpenter* (17) OCCUPATION *Housewife*

(18) Number of children born to mother, including present one *5* (19) Number of children of this mother now living, including present one *5*

CERTIFICATE OF ATTENDING PHYSICIAN

(20) I hereby certify that I attended the birth of this child, who was *born* on the date above stated. (21) (Signature) *James L. Williams* (22) State whether Physician or Midwife *Physician* (23) Address *Charleston S.C.*

Given name added from a supplemental report (24) Witness (25) Signature of Witness necessary only when question 23 is signed by mother (26) Date *May 22, 1923*

When there was no attending physician or midwife, the birth of the child should be certified by the parents, if a child breathes even once. It must be signed by the parents and the birth must be registered within 10 days.

WRITER PLEASE, WITH UNIFORMS, IN A PERMANENT MANNER, IN THE CASE OF TWIN OR TRIPLETS, USE SEPARATE BLANKS FOR EACH CHILD, AND MARK ON FIRST-BORN, No. 1, THE OTHER, No. 2, etc. IN QUOTE 1.