

(1) PLACE OF BIRTH

County of Charleston
 Township of Edisto Island
 OR
 Inc. Town of.....
 OR
 City of.....

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only
 27541

Registration District No. 902 Registered No. 479
 (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 Jack Meggett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 7 (6) DATE OF BIRTH Sept 8, 23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Jack Meggett</u>	(10) NAME BEFORE MARRIAGE <u>Bertha Price</u>	(10) PRESENT RESIDENCE OF FATHER <u>Edisto Island S.C.</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Edisto Island S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>42</u>	(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>
(12) BIRTHPLACE <u>Edisto Island</u>	(12) BIRTHPLACE <u>Edisto Island S.C.</u>	(12) BIRTHPLACE <u>Edisto Island S.C.</u>	(12) BIRTHPLACE <u>Edisto Island S.C.</u>
(13) OCCUPATION <u>Farming</u>	(13) OCCUPATION <u>Housewife</u>	(13) OCCUPATION <u>Housewife</u>	(13) OCCUPATION <u>Housewife</u>
(14) Number of children born to mother, including present birth <u>7</u>	(14) Number of children of this mother now living, including present birth <u>7</u>	(14) Number of children of this mother now living, including present birth <u>7</u>	(14) Number of children of this mother now living, including present birth <u>7</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Fludd (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edisto Island

Given name added from a supplemental report

(26) Witness Sam H. H. H. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 24, 1923 (28) J. H. H. H. 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.

RECORDS OF THIS STATE ARE KEPT IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., IN QUOTES 1.

Revised by Columbia, S. C.