

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston  
Township of James Is.  
or James Is.  
City of .....

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

File No.—For State Registrar Only  
**615**

Registration District No. 904 Registered No. 11  
(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 Janis Ladson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 19 1983  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Johnny Ladson  
(9) PRESENT POSTOFFICE OF FATHER James Island  
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 32  
(12) BIRTHPLACE James Island S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 3

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Sarah Mathews  
(15) PRESENT POSTOFFICE OF MOTHER James Island S.C.  
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 27  
(18) BIRTHPLACE James Island S.C.  
(19) OCCUPATION Housewife  
(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 Born alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X Rachel Seabrook  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife James Island

Given name added from a supplemental report  
Ruth Ladson  
Local Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan. 29 1983 R. L. Grimbal  
Sub-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.