

(1) PLACE OF BIRTH

County of *Charleston*Township of *St. P. St. M.*

OF

Inc. Town of *North Charleston*

OF

City of *North Charleston*

(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

File No. — For State Registrar Only

27581

Registration District No. *909B*Registered No. *155-*

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child *Early Hoven*

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

(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept. 20, 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James Hoven*(9) PRESENT POSTOFFICE OF FATHER *North Charleston, S.C.*(10) COLOR OR RACE *W.C.*(11) AGE AT LAST BIRTHDAY *20*
(Years)(12) BIRTHPLACE *Georgetown, S.C.*(13) OCCUPATION *Labourer*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Emily Pinckney*(15) PRESENT POSTOFFICE OF MOTHER *North Charleston, S.C.*(16) COLOR OR RACE *W.C.*(17) AGE AT LAST BIRTHDAY *19*
(Years)(18) BIRTHPLACE *Jamestown, S.C.*(19) OCCUPATION *Housework*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Laponek Gant*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *North Charleston, S.C.*

Given name added from a supplemental report

(26) Witness *M. B. Lee*

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

(27) Filed *Oct 5th 1923*(28) *M. B. Lee*

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.