

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1-For this year

590

County of *Charleston*Township of *P. H. M.*City of *North Charleston*Registration District No. *809* Registered No. *4*  
(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 *Ezekiel Joy* If child is not yet named, make supplemental report as directed(3) SEX OF CHILD *Boy* (4) Type of Birth *yes* (5) DATE OF BIRTH *Jan. 2, 1923*  
(6) Is born in this State? *yes* (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)FATHER. (10) FULL NAME *James Joy* (11) PRESENT RESIDENCE OF FATHER *North Charleston* (12) COLOR OR RACE *Col* (13) AGE AT LAST BIRTHDAY *23* (14) BIRTHPLACE *Charleston Co* (15) OCCUPATION *Labrer at Asbestos Fact.*MOTHER. (16) NAME BEFORE MARRIAGE *Jane Washington* (17) PRESENT RESIDENCE OF MOTHER *North Charleston* (18) COLOR OR RACE *Col* (19) AGE AT LAST BIRTHDAY *22* (20) BIRTHPLACE *Charleston Co.* (21) OCCUPATION *Housework*(22) Number of children born to mother, including present birth *1* (23) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was *born alive at 8 P.M.* on the date above stated. (25) (Signature) *Daphne Gantt* (26) State whether Physician or Midwife *Midwife* (27) Address of Physician or Midwife *North Charleston*

(28) Given name added from a supplemental report

(29) Witness (Signature of Witness necessary only when question 22 is signed by physician) *Jan. 7, 1923* (30) Filed *Jan. 7, 1923* (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(36) 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.

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