

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....or  
City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. ARegistered No. 1291  
(For use of Local Registrar)(2) Full Name of Child Baby Mabelle

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

(3) BOY OR GIRL  
Boy(4) Twin or Triplet?  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept 3rd 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Mabelle(9) PRESENT POSTOFFICE OF FATHER 23 Palmetto St.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 3.0  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Susan Richardson(15) PRESENT POSTOFFICE OF MOTHER 23 Palmetto St.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... Born alive at 8:15 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Botcher

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Roper Hospital

Given name added from a supplemental report

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

(27) Filed 9/6 1922 Registrar

\*When there was no attending physician or midwife, then the father, household, 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.