

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of St. James
 Inc. Town of St. Charles
 City of St. Charles

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17018

Registration District No. 9.P.6 Registered No. 51
 (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 Isabel Marie If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 29 1923
 (Month of Month) (Day) (Year)

FATHER
 (8) FULL NAME Willie Thompson
 (9) PRESENT POSTOFFICE OF FATHER McClure
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 60
 (12) BIRTHPLACE Mississippi
 (13) OCCUPATION Furniture Maker
 (14) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Nettie Clark
 (15) PRESENT POSTOFFICE OF MOTHER McClure
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE Mississippi
 (19) OCCUPATION Furniture Maker
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 3 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Willie Thompson
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife McClure

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed July 1 1923 (27) W. E. McClure 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.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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 2, RECORD OF COLORED, COLORED, S. C.