

1111 PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILED - For State of South Carolina

(1) NAME OF CHILD

County of Richland

Township of Richland

Sec. 1 of 1

City of Charleston

(If birth occurs in a hospital or other institution, give name of same)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Office of Vital Statistics

Date of Birth

FILED - For State of South Carolina

2222

2) Full Name of Child

3) SEX OF CHILD

girl

4) Type of Infant

Normal

5) Number in order of birth

1

6) Age of Mother

25

7) Date of Birth

18

FATHER

8) FULL NAME

Darlington

9) PRESENT ADDRESS OF FATHER

Charleston, S.C.

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

25

(Years)

12) BIRTHPLACE

Charleston, S.C.

13) OCCUPATION

Merchant

14) NAME OF MOTHER

Stonewall Jackson

15) PRESENT ADDRESS OF MOTHER

Charleston, S.C.

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

22

(Years)

18) BIRTHPLACE

Charleston, S.C.

19) OCCUPATION

Wife

20) Number of children born to mother, including present birth

1

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 or stillborn (Mark A. M. or S. M.) on the date above stated.

(23) (Signature) [Signature]

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

26) Give name and rank of a registered nurse

27) Name of hospital or institution

(28) Witness

(29) Place Charleston, S.C.

28) If the child is born at a hospital or other institution, the name of the institution should be given.