

(1) PLACE OF BIRTH

County of BerkelyTownship of St. Johns

Inc. Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 31891Registration District No. 7.03Registered No.
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Joseph Samuel

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

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Nov 15 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joseph Samuel(9) PRESENT POSTOFFICE OF FATHER Asheley(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE A. E.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Dorcy Samuel

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE A. E.(19) OCCUPATION Housewife(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 Alive at 3 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) John H. ...

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

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 11.23.23 (27) 22.12.23 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

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N. B.—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 1.

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