

## (1) PLACE OF BIRTH

County of .....

Township of .....

or Town of .....

or City of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Register

522

2) Full Name of Child .....

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

(1) BOY OR GIRL? <i>girl</i>	(2) Twin or Triplet? <i>No</i>	(3) Number in order of birth <i>1st</i>	(4) Age of Mother <i>25</i>	(5) DATE OF BIRTH <i>Jan 14 1923</i>
FATHER			MOTHER	
(6) FULL NAME <i>John Read</i>			(7) NAME BEFORE MARRIAGE <i>Rosa Wright</i>	
(8) PRESENT POSTOFFICE OF FATHER <i>Charleston</i>			(9) PRESENT POSTOFFICE OF MOTHER <i>Charleston</i>	
(10) COLOR OR RACE <i>Colored</i>			(11) AGE AT LAST BIRTHDAY <i>25</i>	
(12) BIRTHPLACE <i>Charleston S.C.</i>			(13) COLOR OR RACE <i>Colored</i>	
(14) OCCUPATION <i>Carpenter</i>			(15) AGE AT LAST BIRTHDAY <i>22</i>	
(16) BIRTHPLACE <i>Charleston S.C.</i>			(17) COLOR OR RACE <i>Colored</i>	
(18) OCCUPATION <i>Washer</i>			(19) BIRTHPLACE <i>Charleston S.C.</i>	
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .....

(23) (Signature) .....

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
*29 Logan St*

When name added from a supplemental report

(26) Witness .....

(27) Date .....

(28) 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. The report is dated of childbirth before the first month of pregnancy.