

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

27407

Registration District No. 9 ARegistered No.
(For use of Local Registrar)(No. 71 Karnes St.; Ward)(2) Full Name of Child Mildred Ann Stout If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl(4) Twin or Triplet X

To be answered only in event of Twin or Triplet

(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 14, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harold Ann Stout(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Sullivan Island, S.C.(13) OCCUPATION Blacksmith(16) Number of children born to mother, including present birth One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE Anna M. Haynes(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M.
on the date above stated. (Born alive or stillborn) (Hour) (Day) (P.M.)(23) (Signature) Dr. M. M. Thomas
(24) State Registrar Physician or Midwife(25) Address of Physician or Midwife 85 Morris St., Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed 10 23 J. M. Green 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.

FILED