

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity of Charleston

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

(2) Full Name of Child Girl Baby

No. 42.—For State Registrar Only

41226

1868

Registration District No. 9 ARegistered No.
(For use of Local Registrar)(No. 31 Franklin St.; Ward)If child is not yet named, make
supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22 1892
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cain Freeman(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 43
(Year)(12) BIRTHPLACE John's Island, S.C.(13) OCCUPATION labor(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Nester Bright(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 32
(Year)(18) BIRTHPLACE John's Island, S.C.(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Johnson (25) Address of Physician or Midwife 6 Magazine St.(24) State whether Physician or Midwife midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) W. J. Thomas Green(27) Filed 12/24 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.

Registrar.