

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

10085

County of CharlestonTownship of St. JamesNo. 1Registration District No. 653A Registered No. 20
(For use of Local Registrar)(No. 1 St. James Ward)

Hospital or other institution, give name of same instead of street and number.)

Full Name of Child Franklin Giles If child is not yet named, make supplemental report as directed5. Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Apr 10 1922
(Name (Month) (Day) (Year))

FATHER.

MOTHER.

(14) NAME BEFORE MARRIAGE Blanca Jenkins(15) PRESENT PHOTOGRAPH OF MOTHER Wale, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Summerville, S.C.(19) OCCUPATION Housewife(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 at 6:00 P.M. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) Judith White(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wale, S.C.

Given name added from a supplemental report

(26) Witness J. H. Harrison
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 19 1922 (28) M. S. L. L. L. Local Registrar19
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.