

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. St. M.
 or
 Inc. Town of _____
 or
 City of North Charleston

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
10384

Registration District No. 909 Registered No. 84
 (For use of Local Registrar)

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

(2) Full Name of Child Joseph Raleigh West If child is not yet named, make supplemental report as follows

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ Number in order of birth _____ (5) Are Parents Married? yes (6) DATE OF BIRTH April 19, 1922
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>William Edgar West</u>	(14) NAME BEFORE MARRIAGE <u>Lois Imel Joyce</u>		(14) NAME BEFORE MARRIAGE <u>Lois Imel Joyce</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>North Charleston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>North Charleston</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>North Charleston</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)		(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>Currituck Co N C</u>			(18) BIRTHPLACE <u>Lenoir Co N C</u>		
(13) OCCUPATION <u>Minister</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive, as A.P. M. on the date above stated. (Born alive or stillborn) (Hear A. M. or P. M.)

(23) (Signature) Edith G. West (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife North Charleston S.C.

Given name added from a supplemental report _____
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by M.D.)
 (27) Filed May 5, 1922 (28) C. F. Myers 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

Registrar