

(1) PLACE OF BIRTH
County of Robeson
Township of Wilmington

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

File No. 9381 For State Register Only

Inc. Town of Registration District No. 113 Registered No. 3
(For use of Local Registrar)
City of (No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child, John Quincy Charous If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 18 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Luther Charous</u>			(14) NAME BEFORE MARRIAGE <u>Castile Charous</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Williston A.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Williston A.C.</u>	
(10) COLOR OR RACE <u>Blk</u>			(16) COLOR OR RACE <u>Blk</u>	
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Aiken Co.</u>			(18) BIRTHPLACE <u>Aiken Co.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Book</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. Bone
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Williston A.C.

Given name added from a supplemental report

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

(27) Filed Feb 8 1923 (28) John A. Bone 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 fifth month of pregnancy.

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