

WITH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. M.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COMMERCE, COLUMBIA, S. C.

(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
29289

Registration District No. 9 A Registered No. 1427
(For use of Local Registrar)

(2) Full Name of Child Helen Roger Francis 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 24, 19 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Mr Eugene Palmer Francis
(9) PRESENT POSTOFFICE OF FATHER Charleston S. C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Florrie Craven
(15) PRESENT POSTOFFICE OF MOTHER Charleston S. C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION domestic
(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 3:45 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Miller
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S. C.

Given name added from a supplemental report

(26) Witness J. H. Miller
(Signature of Witness, necessary when question 23 is signed by mark)

19 22 Registrar (27) Filed 9/30 19 22 (28) 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.