

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>James Isd</u> or Inc. Town of _____ City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>904</u> Registered No. <u>1</u> (For use of Local Registrar)		File No.—For State Registrar Only <u>605</u>
(2) Full Name of Child <u>Esalee Stephen</u> (If child is not yet named, make supplemental report as directed)		(3) BOY OR GIRL <u>Girl</u> (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? <u>yes</u> (7) DATE OF BIRTH <u>Jan. 2, 1922</u> (State of Month) (Day) (Year)		
<b>FATHER.</b> (8) FULL NAME <u>John Stephen</u> (9) PRESENT POSTOFFICE OF FATHER <u>James Island</u> (10) COLOR OR RACE <u>Wch</u> (11) AGE AT LAST BIRTHDAY <u>37</u> (12) BIRTHPLACE <u>South Carolina</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>3</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Ramsel Cromwell</u> (15) PRESENT POSTOFFICE OF MOTHER <u>James Island</u> (16) COLOR OR RACE <u>Wch</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (18) BIRTHPLACE <u>James Island W. I.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>1 2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</b> (22) I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>X Hesta Cromwell</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>James Island</u> Given name added from a supplemental report _____ (26) Witness _____ (27) Filed <u>Jan 10 1922</u> (28) <u>R. F. Grimball</u> Local Registrar. (Signature of Witness necessary only when question 22 is signed by mark)				
*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.				