CERTIFICATE OF BIRTH

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

9 A

File No.—For State Registrar Only
41322

Registration District No. ..... Registered No. 1981
(For use of Local Registrar)

(1) PLACE OF BIRTH

County of .....

Township of .....
or
Inc. Town of .....
or
City of Charleston S. C. (No. 2 & H ..... 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 Herbert Jadenson — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes.

(7) DATE OF BIRTH Dec. 13 (Name of Month) (Day) 1922 (Year)

FATHER.

(8) FULL NAME Ben Jadenson

(9) PRESENT POSTOFFICE OF FATHER Charleston, S. C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Sims Town

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Davis.

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S. C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Water Boro. S. C.

(19) OCCUPATION House Keeper.

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 o'clock P m (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Pauline Brooks

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 151 Congress St.

Given name added from supplemental report

(26) Witness .....

(Signature of Witness, except when question 22 is signed) Mrs. Green

Local Registrar

When there was no attendant, etc., should make this return.

If a child breathed ..... report is desired of stillbirths.

*If birth occurred without attendance of physician or midwife, person making this certificate should state the facts.

WRITTEN REMEDY. WRITE ONLY WITH INK—PRESS ON A DUPLICATING'S REGISTERED.
MAKE NO ERASURES. WRITE PLAINLY. USE A NORMAL HEAVY BLACK PEN. CAPITALS, and make the
figures 1 and 7 unmistakable. Do not abbreviate. Do not use ditto marks.

STATE OF SOUTH CAROLINA—BUREAU OF VITAL STATISTICS—STATE BOARD OF HEALTH—Form 9 A—Rev. 1922—10M