

(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.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 A

File No. — For State Registrar Only

41211Registered No. 1848
(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

one

(6) Are Parents Married?

no

(7) DATE OF BIRTH

Dec 30 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Stewart

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Edisto Island, S.C.

(13) OCCUPATION

labor

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

two

MOTHER.

(14) NAME BEFORE MARRIAGE

Barrie Young

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Edisto Island, S.C.

(19) OCCUPATION

washer

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

Julia Johnson

(24)

State whether Physician or Midwife

midwife

(25)

Address of Physician or Midwife

6 Magazine St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary when question 23 is signed)

(27) Filed

1/3

19

1923

Local Registrar.

Local Registrar.

*When there was no attending physician or midwife, then the father, household, 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.

IN A PERMANENT RECORD, IN A PLAIN FOUR EACH CHILD, AND MARK THE ETC., IN QUESTION 2. RECORD OF COLUMBIA, COLUMBIA, S. C. IN A PERMANENT RECORD, IN A PLAIN FOUR EACH CHILD, AND MARK THE ETC., IN QUESTION 2.