

(1) PLACE OF BIRTH

County of CharlestonTownship of Jaffrusor
Inc. Town ofor
City of

(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

48611

Registration District No. 1204Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Maurice Joseph

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

(3) NOT A GIRL? Yes(4) Twin Yes(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 26, 1911

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Maack Jowers(9) PRESENT POSTOFFICE OF FATHER Angelen S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Carry Pate(16) PRESENT POSTOFFICE OF MOTHER Angelen S.C.(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 22 (Years)(19) BIRTHPLACE Charleston S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Angelen S.C. on the date above stated. (Born alive or dead, (Hour, Min., or P. M.)(23) (Signature) Dr. J. P. Pate(24) State whether Physician or Midwife (25) Address of Physician or Midwife Angelen S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar. 10, 1911 (28) W. H. Jaffrus 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.