

(1) PLACE OF BIRTH

County of Charleston

Township of

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

No. - For State Registrar Only

91002

Registration District No. 1703

Registered No. 69
(For use of Local Registrar)

St. Ward

(2) Full Name of Child

Lucille Aileen

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

(3) SEX OF CHILD

girl

(4) Type of Triplets

To be answered only in event of Triplets or Quadruplets

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH Sept 1 25
(Month) (Day) (Year)

FATHER

(8) FULL NAME

Peter Aileen

(9) PRESENT POSTOFFICE OF FATHER

St. George, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY 45
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

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

7

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Goodwin

(15) PRESENT POSTOFFICE OF MOTHER

St. George, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY 40
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Domestic

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was ... on the date above stated.

White at 6 P. M.
(Born alive or stillborn) (Hour) (M. or P. M.)

(22) (Signature) Eura J. Edwards

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

St. George, S.C.

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Nov. 10 1923 (27) Betty Jennings 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.

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