

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of North CharlestonInc. Town of North CharlestonCity of North Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

556

Registration District No. 9-13Registered No. 1
(For use of Local Registrar)

(If birth occurs in a hospital or institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Susan (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Infant <u>Is born with a cord of 10 or 12 inches</u>	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>June 10, 1923</u>	(7) Time of Birth <u>10:30</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Augusta Susan</u>	(14) FULL NAME <u>Ida Miller</u>	(9) PRESENT RESIDENCE OF FATHER <u>North Charleston</u>	(15) PRESENT RESIDENCE OF MOTHER <u>North Charleston</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>17</u>
(12) BIRTHPLACE <u>Charleston, S.C.</u>	(18) BIRTHPLACE <u>North Charleston</u>	(13) OCCUPATION <u>Painter</u>	(19) OCCUPATION <u>House Work</u>
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at North Charleston, S.C., on the date above stated.
(Born alive or stillborn) (Now A. M. or P. M.)(23) (Signature) Harmon W. Wynn
(24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife North Charleston

Given name added from a supplemental report

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

(27) State South Carolina Registrar (28) Date June 10, 1923

*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is needed before the fifth month of pregnancy.

WRITERS PLEASE NOTE: WHEN DIVISIONS ARE USED IN A PRELIMINARY REPORT, THE WRITER MUST BE CAREFUL TO USE A CORRECTIVE MARK IN EACH CASE, AND MUST BE CAREFUL TO USE A CORRECTIVE MARK IN EACH CASE, AND MUST BE CAREFUL TO USE A CORRECTIVE MARK IN EACH CASE.

M. B.

Bureau of Vital Statistics, Columbia, S. C.