

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for this register only

398

County of Charleston

Township of Charleston

In the year of 1918

City of Charleston

Registration District No. 9 Registered No. 5

(For use of Local Registrar)

City of Charleston (No. 95 second) St. St. Andrew Ward 1

2) Full Name of Child Southern Freeman If child is not yet named, make supplemental report as directed

3) SEX Girl (a) Twin or Triplet? No (b) Date of Birth Jan 11 1918 (c) Place of Birth Charleston

FATHER

4) FULL NAME Abraham T. Redwell (a) NAME BEFORE MARRIAGE Julia Freeman

5) PRESENT RESIDENCE OF FATHER Char. S. C. (b) RESIDENT OF SOUTH CAROLINA Yes

6) COLOR Negro (c) COLOR OF HAIR C. (d) AGE AT LAST BIRTHDAY 17 (Years)

7) BIRTHPLACE Char. S. C. (e) BIRTHPLACE Johns Island

8) OCCUPATION laborer (f) OCCUPATION Domestic

9) Number of children born to mother, including present birth 1 (g) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour 2 M. 15 P. 15)

(2) (Signature) Dr. J. P. P. (3) State whether Physician or Midwife Physician (4) Address of Physician or Midwife St. Andrew

Was name added from a supplemental report

(5) Witness (Signature of Dr. J. P. P.) when questioned as to signature Yes

(6) Filed 1/18/18 (7) Local Registrar Dr. J. P. P.

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.