

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. — For State Registrar Only

3273

Registration District No. 906

Registered No. 13
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child

Died Unnamed

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

(3) SEX OR
CHILD

Girl

(4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Number in
order of birth

7

(6) Are
Parents
Married

Yes

(7) DATE OF
BIRTHFeb 28 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

James H. Hildatou

(9) PRESENT
POSTOFFICE
OF FATHER

Clemens dave

(10) COLOR
OR
RACE

Negro

(11) AGE AT LAST
BIRTHDAY36
(Year)

(12) BIRTHPLACE

Charleston Co

(13) OCCUPATION

Day Laborer

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

7

MOTHER.

(14) NAME BEFORE
MARRIAGE

Dolly Lawyer

(15) PRESENT
POSTOFFICE
OF MOTHER

Clemens dave

(16) COLOR
OR
RACE

Negro

(17) AGE AT LAST
BIRTHDAY30
(Year)

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

Day Laborer

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Annie Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Clemens dave

Given name added from a supplement-
al report

(26) Witness

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

(27) Filed

Mar 3 1923

(28)

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.