[illegible] PLACE OF BIRTH

[illegible] Charleston

[illegible] of Health

Registration District No. 9A Registered No. 60 (For use of Local Registrar)

Charleston (No. [illegible] St. Philip St.; Ward)

(If birth occurs in a hospital or other [illegible], give name of same instead of street and number)

FULL NAME OF CHILD James Jelly Withington (If child is not yet named, make supplemental report as directed.)

4. Twin or Triplet	5. Number in order of birth	6. Are Parents Married? Yes	7. DATE OF BIRTH Jan. 14, 1923 (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets			

FATHER		MOTHER	
FULL NAME	William G. Withington	14. NAME BEFORE MARRIAGE	Julia B. McDonald
PRESENT POSTOFFICE OF FATHER	Charleston, S.C.	15. PRESENT POSTOFFICE OF MOTHER	Charleston, S.C.
COLOR OR RACE	White	16. COLOR OR RACE	White
11. AGE AT LAST BIRTHDAY (Years)	[illegible]	17. AGE AT LAST BIRTHDAY (Years)	[illegible]
BIRTHPLACE	Charleston, S.C.	18. BIRTHPLACE	Charleston, S.C.
OCCUPATION	Carpenter	19. OCCUPATION	Housework
Number of children born to mother, including present birth	4	20. Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P.M. (Hour A.M. or P.M.) on the date above stated.

23. Signature

24. State whether Physician or Midwife: Midwife [illegible]

25. Address of Physician or Midwife: [illegible] Chestnut

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

27. Filed 1/17/23 Corrected [illegible]

28. J. M. Green, M.D. Local Registrar

[illegible] added from a supplemental report

[illegible], 192[illegible]

Registrar

[illegible] as attending physician or midwife, then the father, householder, etc., should make this return. [illegible] even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.