

(1) PLACE OF BIRTH

County of Charleston
 Township of James Island
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 574

Registration District No. 904 Registered No. 1
 (For use of Local Registrar)

City of (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 Bundy Ladson If child is not yet named, make supplemental report as directed

(3) SEX M (4) Type or Figure 1 (5) Number in family 1 (6) Is child born at home? yes (7) Date of birth Jan 17, 1923

FATHER.
 (1) Name John Ladson
 (2) Present residence 21 Charleston St
 (3) COLOR col (4) AGE AT LAST BIRTHDAY 35
 (5) BIRTHPLACE James Island
 (6) OCCUPATION Tenant Farmer
 (7) Number of children born to mother, including present birth 1

MOTHER.
 (1) Name Mary Ladson
 (2) Present residence 21 Charleston St
 (3) COLOR col (4) AGE AT LAST BIRTHDAY 23
 (5) BIRTHPLACE James Island
 (6) OCCUPATION Farmer - helper
 (7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive at 21 Charleston St on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(29) (Signature) Miley Jenkins
 (30) State whether Physician or Midwife (31) Address of Physician or Midwife Midwife 21 Charleston St

Give name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question is signed by mark)
 (33) Filed Jan 24 1923 (34) Registrar W. R. DeLoach

When there was no attending physician or midwife, then the father, householder, or other person who first discovered the child, must report the birth. If a child breathes even once, it must not be reported as stillborn. No report is required if the child is born before the fifth month of pregnancy.