

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

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

No. for State Registrar Only

27483

Registration District No. 9 A Registered No.

(No. Robert Hospital use of Local Registrar)

(2) Full Name of Child

James Kenneth Jr

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

3) SEX OR Boy (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parent Married Yes (7) DATE OF BIRTH 9 11 23
To be covered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Kenneth
(9) PRESENT POSTOFFICE OF FATHER James Plant Box
Dr. Lee's Place
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 2 (Year)
(12) BIRTHPLACE SC
(13) OCCUPATION Labour

MOTHER.

(14) NAME BEFORE MARRIAGE Wilhemina Flood
(15) PRESENT POSTOFFICE OF MOTHER James Island Box # 2
Dr. Lee's Place
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Johns Island
(19) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:40 M., on the date above stated. (Both alive or stillborn) Hour A. M. or P. M.

(23) (Signature) Robert Lee Hill
(24) State Physician or Midwife (25) Address of Physician or Midwife Physician Robert Hospital

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 9/12 19 23 J. Owens 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.

FIRST-BORN. No 1 THIS OFFICE. No 2, etc. in question 3. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.