

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of St. James QuarterInc. Town of CharlestonCity of Charleston

(No. Street Ward)

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

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

(2) Full Name of Child Mary Meachers

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

588

(3) GENDER <u>Girl</u>	(4) TYPE OF FATHER <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>✓</u>	(6) Are parents married <u>yes</u>	(7) DATE OF BIRTH <u>Jan 2 1923</u> (Child Month) (Day) (Year)
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FATHER.

(8) FULL NAME Rebecca Meachers(9) PRESENT POSTOFFICE OF FATHER Bucks Head(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Bucks Head(13) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 4

MOTHER.

(14) FULL NAME Dorothy Meachers(15) PRESENT POSTOFFICE OF MOTHER Bucks Head(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Bucks Head(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.(23) (Signature) Annie Meachers (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bucks Head

Given name added from a supplemental report

(26) WITNESS J.W. E. Berkman (Signature of Witness necessary only when question 23 is signed by mark)(27) FILED Jan 5 1923 (28) LOCAL REGISTRATION

*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 stillborns before the fifth month of pregnancy.