

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

349

## (1) PLACE OF BIRTH

County of Beaufort  
Township of Sheldon  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 603B Registered No. 6  
(For use of Local Registrar)  
St.; ..... Ward)

## (2) Full Name of Child

Joseph Perry

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

(3) BOY OR GIRL  
Boy

(4) Twin or Triplet?

(5) Number in order of birth 7

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 3 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME William Perry

(9) PRESENT POSTOFFICE OF FATHER Yemassee

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Beaufort Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

## MOTHER

(14) NAME BEFORE MARRIAGE Isabel Perry

(15) PRESENT POSTOFFICE OF MOTHER Yemassee

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Beaufort Co

(19) OCCUPATION House wife

(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 born alive at 3 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mary Lane

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed (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.