

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1—THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston
Township of Sumner
or
Inc. Town of Charleston
or
City of Charleston (No. 1)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

626

Registration District No. 12 Registered No. 12
(For use of Local Registrar)

City of Charleston (No. 1) St. 1 Ward 1
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child James William (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 9, 1922
(State of Month) (Day) (Year)

FATHER.

(8) FULL NAME James William
(9) PRESENT POSTOFFICE OF FATHER Sumner
(10) COLOR White (11) AGE AT LAST BIRTHDAY 21 Years
(12) BIRTHPLACE Charleston
(13) OCCUPATION Physician
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Lucie
(15) PRESENT POSTOFFICE OF MOTHER Sumner
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Charleston
(19) OCCUPATION Physician
(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 or stillborn at 2 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Lydia C. Beckwith
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumner

Given name added from a supplemental report
(26) Witness Local Registrar (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan. 27, 1922 (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.