

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Charleston
 or
 Inc. Town of

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

File No. - For State Registrar
19165

Registration District No. 4002 Registered No. 73
 (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

3 SEX OR
 4 Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Refused to Tell
 9 PRESENT POSTOFFICE OF FATHER
 10 COLOR OR RACE B (11) AGE AT LAST BIRTHDAY (Years)
 12 BIRTHPLACE
 13 OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Miller
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE H.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 1

20 Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. alive at 10 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. M. Perry
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/10 19 23 (28) J. Blackwell 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.