

MARGIN RESERVED FOR BINDING.
 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 3.

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston S.C. (No. 218 Sumner St. Ward)
 (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

File No.—For State Registrar Only
 518

Registration District No. 9A Registered No. 98
 (For use of Local Registrar)

(2) Full Name of Child Henry M. Charleston If child is not yet named, make supplemental report as directed.

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| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet | (5) Number in order of birth <u>4</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Nov 22, 1922</u> (Name of Month) (Day) (Year) |
| FATHER: | | | MOTHER: | |
| (8) FULL NAME <u>Henry M. Charleston</u> | | | (14) NAME BEFORE MARRIAGE <u>Anna Tobin</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u> | |
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>27</u> (Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>26</u> (Years) | |
| (12) BIRTHPLACE <u>Summersville S.C.</u> | | | (18) BIRTHPLACE <u>Charleston S.C.</u> | |
| (13) OCCUPATION <u>Brickmason</u> | | | (19) OCCUPATION <u>House Keeper</u> | |
| (20) Number of children born to mother, including present birth <u>4</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 2:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Philip S. Jones
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Summersville S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother) Green
 (27) Filed 1/29 22 (28) Merrell 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.