

(1) PLACE OF BIRTH  
County of Charleston

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

No. 534

Township of .....

Inc. Town of .....

City of Charleston

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

Registration District 9 A Registered No. 150  
(For use of Local Registrar)

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

(3) SEX OF CHILD Girl (4) Type or Cause of Birth Normal (5) Number in Order of Birth 1 (6) Age of Mother 25 (7) DATE OF BIRTH Jan 21 1903  
(8) To be answered only in case of Twin or Triplets (9) (Time of Birth) (Day) (Year)

**FATHER**  
(10) FULL NAME Julius Middleton  
(11) PRESENT RESIDENCE OF FATHER Charleston  
(12) COLOR OR RACE Colored (13) AGE AT LAST BIRTHDAY 25 (Year)  
(14) BIRTHPLACE Charleston, S.C.  
(15) OCCUPATION Bank Porter

**MOTHER**  
(16) NAME BEFORE MARRIAGE Marie Knight  
(17) PRESENT RESIDENCE OF MOTHER Charleston, S.C.  
(18) COLOR OR RACE Colored (19) AGE AT LAST BIRTHDAY 30 (Year)  
(20) BIRTHPLACE Edisto, S.C.  
(21) OCCUPATION Washer

(22) Number of children born to mother, including present birth 12 Children (23) Number of children of this mother now living, including present birth 12 Children

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(24) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Specify position) (Hour A. M. or P. M.)

(25) (Signature) Charlotte Johnson  
(26) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(28) Filed 2/5 (Signature of Registrar)

When there was no attending physician or midwife, then the father, head of household, 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.

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