

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

Inc. Town of

City of Charleston

(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

30257

Registration District No. 4008Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child

Jim Sileston

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth 6(6) Age Present Months 24

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Sept 18, 1923

FATHER

(8) FULL NAME

Jim Sileston

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C. #5

(10) COLOR OR RACE

N

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

6

MOTHER

(14) NAME BEFORE MARRIAGE

Clara Raywell

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C. #5

(16) COLOR OR RACE

N

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House-wife

(20) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 1-15 M. on the date above stated. (Res. Alive or Stillborn) (Hour, M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Addressed Phys. or Midwife

Given name added from a supplemental report

William B. Woodward, M.D.

(25) Witness

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

(26) Filed

Oct 3, 1923Mrs. C. F. Parker

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.

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