

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41270

County of Char. S.C.Township of Char. S.C.Inc. Town of CharlestonCity of Charleston

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

Registration District No. 9 ARegistered No. 1915

(For use of Local Registrar)

St. Mt. St. Ward2) Full Name of Child Raymond Plagge

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

BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Plagge(9) PRESENT POSTOFFICE OF FATHER 52 1/2 Shepherd St.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Sailor(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Beulah Scott(15) PRESENT POSTOFFICE OF MOTHER 82 1/2 Shepherd St.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Domestic(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 alive at 7:20 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. J. Seecorps(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Charleston S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed as married)

(27) Filed 1/4 1915 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.

Corrected JUN 27 1940

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