

## (1) PLACE OF BIRTH

County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25146

Registration District No. 9 A

Registered No. 1203  
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No Mercy Maternity Hospital)

(2) Full Name of Child Hellen Knight Royster

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 12, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Thomas Simpson Royster Jr. (14) NAME BEFORE MARRIAGE Hellen Knight Borda

(9) PRESENT POSTOFFICE OF FATHER Navy Yard Charleston S.C. (15) PRESENT POSTOFFICE OF MOTHER Navy Yard Charleston S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years) (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Wilmington N.C. (18) BIRTHPLACE Chestnut Hill, Philadelphia

(13) OCCUPATION U.S. (Navy) (19) OCCUPATION wife

(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10<sup>06</sup> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 277 Calhoun

Given name added from a supplemental report

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

(27) Filled Aug 15 1922 by J. M. Green 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.