

County of Charleston S.C.  
 Township of 11  
 Inc. Town of 11  
 City of 11

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. 9 A Registered No. 1402  
 (For use of Local Registrar)

No. 280 Galum St. 11 Ward 11  
 (If child occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child 11 Erens If child is not yet named, make supplemental report as directed

SEX pr (1) Twin or Triplet? 11 (2) Number in order of birth 11 (3) Are Parents Married yes (4) DATE OF BIRTH Sept. 13, 22  
 (Name of Month) (Day) (Year)

FATHER  
 (1) NAME BEFORE MARRIAGE Pinkney Erens  
 (2) PRESENT POSTOFFICE OF MOTHER Charleston S. C.  
 (3) AGE AT LAST BIRTHDAY 37 (Years)  
 (4) COLOR OR RACE Colored  
 (5) BIRTHPLACE Georgetown S.C.  
 (6) OCCUPATION mill hand  
 (7) Number of children born to mother, including present birth 3

MOTHER  
 (1) NAME BEFORE MARRIAGE Maggie Wilson  
 (2) PRESENT POSTOFFICE OF MOTHER Charleston S. C.  
 (3) AGE AT LAST BIRTHDAY 30 (Years)  
 (4) COLOR OR RACE Colored  
 (5) BIRTHPLACE Charleston S. C.  
 (6) OCCUPATION At home  
 (7) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 I hereby certify that I attended the birth of this child, who was 11 at 3 P M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Archie N. Rosette  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife 27 Doughty St

When name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 25 is signed by mark)  
 (27) Filed 9/27/22 (28) J. M. ...

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.