

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

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

File No.—for this report (10)

527

Township of

In Town of Registration District No. 9 A Registered No. 158City of Charleston, S.C. Mersey Maternity (If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Alfred Garber Laskey If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20 (8) (9) (10) (11) (12)FATHER: (13) FULL NAME Aurala Beltram Laskey (14) NAME BEFORE MARRIAGE Irene Sany(15) PRESENT RESIDENCE OF FATHER 35 Pitt Street Charleston S.C. (16) PRESENT RESIDENCE OF MOTHER 35 Pitt Street Charleston S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 31 (19) COLOR OR RACE White (20) AGE AT LAST BIRTHDAY 28(21) BIRTHPLACE Mardersville Ala. (22) BIRTHPLACE Cosmish Miss.(23) OCCUPATION Division Storekeeper Soc. Rd. (24) OCCUPATION Wife(25) Number of children born to mother, including present birth 1 (26) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(27) I hereby certify that I attended the birth of this child, who was born alive (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)(28) (Signature) [Signature] (29) State whether Physician or Midwife (30) Address of Physician or Midwife City

Given name added from a supplemental report

(31) Witness (Signature of Witness necessary only when question 28 is signed by mother) [Signature] (32) Filed 2/18 (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

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.