

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonIn Town of CharlestonCity of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State House of Representatives

No. 548

548

Registration District No. 9ARegistered No. 111

(For use of Local Registrar)

(2) Full Name of Child

Virginia Margaret

If child is not yet named, make

(a) SEX OF CHILD <u>girl</u>	(b) AGE OF CHILD <u>5</u> years	(c) DATE OF BIRTH <u>Dec 11 1908</u>	(d) TIME OF BIRTH <u>11:45 P.M.</u>
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FATHER		MOTHER	
(1) NAME <u>Laurence Smyth</u>	(1) NAME <u>Margaret Phaulley</u>	(2) RESIDENCE <u>Charleston</u>	(2) RESIDENCE <u>Charleston</u>
(3) COLOR <u>Col</u>	(3) COLOR <u>Col</u>	(4) AGE AT LAST BIRTH <u>21</u>	(4) AGE AT LAST BIRTH <u>21</u>
(5) BIRTHPLACE <u>Lincolnville S.C.</u>	(5) BIRTHPLACE <u>Charleston</u>	(6) OCCUPATION <u>Cook</u>	(6) OCCUPATION <u>Domestic</u>
(7) Number of children born to mother, including present one <u>2</u>	(7) Number of children of this mother now living, including present one <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was African on the date above stated.

(29) (Signature) <u>Alice Bryant</u>	(30) Address of Physician or Midwife <u>157 Phaulley St</u>
(31) State whether Physician or Midwife <u>Midwife</u>	

Given name added from a supplemental report

(32) Witness <u>2/8</u>	(33) Filed <u>2/8</u>
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*When there was no attending physician or midwife, then the father, householder, or other person present at the birth of the child, if a child breathes even once, it must not be reported as stillborn. No report is desired at all before the first month of pregnancy.

Registrar

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