

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6829

Registration District No. 9 A Registered No. 443

(For use of Local Registrar)

(No. Roper Hospital St.; Ward)(2) Full Name of Child Baby Gould

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

(3) <u>Male</u>	(4) <u>Twin</u> or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 30, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Elijah Gould(9) PRESENT POSTOFFICE OF FATHER Charleston County, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (?)
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Mill Laborer(20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Gould (?)(15) PRESENT POSTOFFICE OF MOTHER Charleston County, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Manning(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 4/1/22 19 22 J. Mearns Green M.D. 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.

Registrar.

Filed

3/22

19 22

Corrected

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