

1. PLACE OF BIRTH

County of Charleston

Township of _____

or

Inc. Town of _____

or

City of Charleston

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9-A Registered No. 107/4100

(For use of Local Registrar)

2. FULL NAME OF CHILD GEORGE HENRY PETT, JR.

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

1. Boy or Girl <u>Boy</u>	2. If Plural births _____	3. Twin, triplet or other _____	4. Premature _____	5. Are Parents Married? <u>Yes</u>	6. Date of birth <u>March 11</u> , 19 <u>22</u>
5. Number, in order of birth _____			Full term _____		

7. Full name <u>FATHER</u> <u>George Henry Pett</u>	18. Name before marriage <u>MOTHER</u> <u>Marion Josephine Schaffer</u>
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10. Residence (mailing address) (If non-resident, give place and State) <u>8 Maverick St.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>8 Maverick St.</u>
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11. Color or race <u>white</u>	12. Age at last birthday <u>19</u> (Years)	20. Color or race <u>white</u>	21. Age at last birthday <u>19</u> (Years)
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13. Birthplace (city or place) (State or country) <u>Charleston</u> <u>S.C.</u>	22. Birthplace (city or place) (State or country) <u>Charleston</u> <u>S.C.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Switchman</u>	23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc. <u>Housewife</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>R.R.</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>At Home</u>
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16. Date (month and year) last engaged in this work <u>19</u>	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work <u>19</u>	26. Total time (years) spent in this work _____
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27. Number of children of this mother (At time of birth and including this child) <u>3a</u> Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks	29. Cause of stillbirth _____	Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 5 P. m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at M. on above date. (Name of Prophylactic)

Left Palate _____ Hare Lip _____ Other Deformities _____

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from _____ (Date of) _____

a supplementary report _____

Registrar _____

Filed 5/28 1922 Corrected NOV 20 1946