

PEARLSTINE  
STON, S.C.

1. PLACE OF BIRTH

County of Chas.

Township of \_\_\_\_\_

or \_\_\_\_\_

City of Charleston, S.C.

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

FULL NAME OF CHILD MOSES JACK ZUCKER

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. \_\_\_\_\_

(No. 43 Radcliffe Street

St.; \_\_\_\_\_ Ward)

FILE No.—For State Registrar Only

250.83

1139

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

St.; \_\_\_\_\_ Ward)

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

Boy ☒ Girl ☐ 11. Plural births ☐ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature ☐ 7. Are parents married? ☒ 8. Date of birth Aug. 10, 1922  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, day, year) \_\_\_\_\_

Full name Joseph ZUCKER FATHER

18. Full maiden name Rachel Miller MOTHER

12. Residence (usual place of abode) Chas. S.C.  
(If non-resident, give place and State)

19. Residence (usual place of abode) Chas. S.C.  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 29 (Years)

20. Color or race White 21. Age at last birthday 29 (Years)

13. Birthplace (city or place) Europe  
(State or country)

22. Birthplace (city or place) Europe  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
\* 19 \* \* \*

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
\* 19 \* \* \*

27. Number of children of this mother (At time of this birth and including this child) 5 (a) Born alive and now living 5 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months \_\_\_\_\_ weeks \_\_\_\_\_ } 29. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4:45 A.M. on the date above stated.  
(Born alive or stillborn)

(Signed) Roy Pearlstone, M.D.  
Physician

or \_\_\_\_\_  
Chas. S.C.

Address 8/14/1922  
Filed March 28-1923

Give name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar. \_\_\_\_\_

HEALTH OFFICE

PLACE OF BIRTH  
City of Charleston  
County of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

Registration District No. 9 Aukor 25083  
Registered No. 1139  
(For use of Local Registrar)  
City of Charleston S.C. (No. 443 Madcliffe St. St.; ..... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Full Name of Child Beth Aukor { If child is not yet named, make supplemental report as directed

SEX OF CHILD Boy (4) Twin or Triplet? X (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 10 1922  
(Name of Month) (Day) (Year)

FATHER.

Full Name Joseph Zukor  
Present Postoffice of Father Charleston S.C.  
Color W (11) AGE AT LAST BIRTHDAY 29  
Race W (Years)  
Birthplace Europe  
Occupation Merchant  
Number of children born to father, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Rachel Miller  
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29  
(Years)  
(18) BIRTHPLACE Europe  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was alive at 4:45 A on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician (24) State whether Physician or Midwife (25) Address of Physician or Midwife 371 Ship St

Name added from a supplemental report

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

(27) Filed 8/14/22 (28) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a physician or other person, such as a nurse, householder, etc., should make this return, even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.