

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.)

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

FILE No.—For State Registrar Only

29306

Registration District No. 9ARegistered No. 1446
(For use of Local Registrar)(No Mercy Hospital St.; Ward)

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

2. Full Name of Child Anno Fitz Simons Preston

1. BOY OR GIRL Girl
 4. Twin or Triplet? _____
 5. Number in order of birth _____

6. Are Parents Married? Yes7. DATE OF BIRTH
Sept. 24, 1922
(Name of Month) (Day) (Year)

Girl to be answered only in event of Twins or Triplets

FATHER

8. FULL NAME Robert West Preston9. PRESENT POSTOFFICE OF FATHER Charleston, S.C.10. COLOR OR RACE White11. AGE AT LAST BIRTHDAY 24
(Years)12. BIRTHPLACE Leesburg, Va.13. OCCUPATION Physician20. Number of children born to mother, including present birth { 1

MOTHER

14. NAME BEFORE MARRIAGE Marguerite Fitz Simons15. PRESENT POSTOFFICE OF MOTHER Charleston, S.C.16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 25
(Years)18. BIRTHPLACE Charleston, S.C.19. OCCUPATION Wife21. Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born alive at 6:10 A.M.
 (Born alive or stillborn) (Hour A.M. or P.M.)
 on the date above stated.

23. Signature G. Fraser Wilson
 24. State whether Physician or Midwife Physician

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 10/1/2228. J. M. Green M.D.
Local Registrar19 _____
Registrar

Corrected- 10/8/31

*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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29306

Registration District No. 9A Registered No. 1446
(For use of Local Registrar)

(No. Murray Maternity H. Sp. Ward)
or other institution, give name of same instead of street and number.)

M. Fitz Simons Prestone If child is not yet named, make supplemental report as directed

(5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 24, 1922
(Name of Month) (Day) (Year)

In event of Twins or Triplets

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Fitz Simons

(15) PRESENT POSTOFFICE OF MOTHER 65 Lagare St. Charleston S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth One

NAME OF ATTENDING PHYSICIAN OR MIDWIFE*

At the birth of this child, who was Born alive at 6:10 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. Fraser Treas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Charleston 277 Calhoun

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

(27) Filed 10/11/22 Local Registrar

Plan or midwife, then the father, householder, etc., should make this return. must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Notary Public, S.C.