

## (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

6843

Registration District No. ....

Registered No. .... 457  
(For use of Local Registrar)(No. 24 Yachman St.; ..... Ward)(2) Full Name of Child Henry Bligen

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH. Mar 27 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Sidney Mack

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

23  
(Years)

(12) BIRTHPLACE

Madagascar

(13) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

1

## MOTHER

(14) NAME BEFORE MARRIAGE

Mary Bligen

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

17  
(Years)

(18) BIRTHPLACE

Madagascar

(19) OCCUPATION

Waitress

(21) 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 ..... at 8 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. S. Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

100 Trade

Given name added from a supplemental report

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

(27) Filed

457 27 22 W. S. 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.

Filed

3/2819 22

Registrar

Corrected 20 14 22

RECEIVED OF COLUMBIA, COLUMBIA, S. C. FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 2.